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Women's Social Support in War, Displacement, and Post-Resettlement

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Women's Social Support in War, Displacement, and Post-Resettlement

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Dedication

This dissertation is dedicated to all women whose lives are impacted by war and displacement.

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Women's Social Support in War, Displacement, and Post-Resettlement

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The impacts of war and displacement on individuals, families and communities are profound and far-reaching. The destruction of social networks is only one among myriad consequences, but one with reverberating implications for women that have not been adequately recognized or understood in research, policy or practice. This three-article dissertation thus examined the experiences of women shaped by war, displacement, and resettlement employing quantitative, qualitative and theoretical approaches.

The aim of the first study was to further understanding of the relationship between social support, stigma, and mental health among women ($n = 744$) who experienced sexual violence in the Democratic Republic of Congo (DRC). Regression and moderation analyses were conducted to examine associations. Emotional support seeking and felt stigma were positively associated with increased symptom severity of depression, anxiety and posttraumatic stress disorder (PTSD). Stigma modified associations between emotional support seeking and depression, and PTSD. Increased frequency of emotional support seeking was associated with higher mental health symptoms of anxiety and PTSD among women experiencing all levels of stigma.

The purpose of the second study was to develop theory to explain how women (n = 27) who migrated from the DRC recreate social support post-resettlement in the United States. An interpretive approach layered with postcolonial feminist perspectives guided the qualitative grounded theory methodology. A theoretical model emerged explaining pivots in the internal lives of women, and their relationships to time, space, and self, as their social support constricted. The inquiry highlighted the extent to which resettlement, following war and displacement, is a life-altering event that sets into motion psychosocial processes with implications for wellbeing.

The third and final component drew from postcolonial feminist and African diaspora theories to consider the impacts of forced migration on the internal and relational lives of women. Policy, practice, and research contribute to the framing of “refugees” as a static category of people irrespective of complex histories, geo-political origins, and fluid identities impacted by structural forces, and thus deny the subjective possibilities of women. This article suggests centering the subjectivities of women in research and practice.

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Chapter 1: Introduction

With over 65 million people displaced worldwide (UNHCR, 2015), forced migration is an escalating global reality with local implications for receiving communities and social services. The impacts of war and displacement on individuals, families and communities are profound and far-reaching. The destruction of social networks is only one among a myriad of consequences, but one with reverberating implications for those impacted by forced migration. The rupture of family and community systems can lead to the immediate and long-term loss of resources and support embedded in relational networks. New iterations of those networks can be re-established, but they are forever altered. While these impacts affect forced migration populations overall, the loss of social support in forced migration may have particular consequences for women. This three-article dissertation therefore examines the social support of women in war, displacement, and resettlement employing quantitative, qualitative and theoretical approaches.

Individuals and groups experience forced migration at the intersection of gender, class, race, ethnicity, (dis)abilities, nationality, and other defining social positions. Pre-migration access to opportunities and resources shape the forced migration experience. Homes of origin, the contexts to which people flee seeking refuge, and the duration of displacement profoundly impact the lives of the uprooted. While the lived experiences of forced migration are as varied as the individuals impacted by it, certain commonalities exist. The loss in livelihoods and assets impoverish the majority of those displaced. Atrocities are experienced and witnessed. Loved ones die, and family and community

members are tragically separated from one another. Women may flee alone with children and the elderly, and often take on additional responsibilities in caring and providing for family (Hajdukowski-Ahmed, Khanlou, Moussa, 2008). Throughout all phases of forced migration – flight, displacement, resettlement, and return - women and girls are disproportionately vulnerable to certain types of violence, including intimate partner violence, sexual assault and exploitation (Garcia-Moreno, Jansen, Ellsberg, Heise, & Watts, 2006; Stark & Ager, 2011).

Displaced persons can experience a profound loss of social status and disruption in social roles (Hynes et al., 2016). Gender disparities can minimize the access women have to protective, social, and material resources, so that “the emotional response and loss of social belonging/identity, will be felt differently by men and women” (Sideris, 2003, p. 722). In some settings women emerging from violent conflict have reported higher rates of mental illness and psychological distress than men (Horn, 2014; Porter & Haslam, 2005). Studies point to the importance of positive spousal support in predicting both reduced depression and increased life satisfaction (Birman & Tran, 2008), and women’s ability to cope with mental health and related problems (Donnelly et al., 2011). In a study with women from China and Sudan in Canada, the loss of family and community support, loneliness, isolation, powerlessness, dependency and lack of support systems were raised as key issues (Donnelly et al., 2011). Studies have shown that women will not necessarily seek support from a shared language or ethnic community in recognition that they all suffer from the same resource losses (Gladden, 2013).

Social support is also associated with postnatal depression among forced migrant women. Studies show that immigrants, refugees and asylum seekers have significantly lower mean social support scores than Canadian-born women, and that immigrant women are at higher risk of postnatal depression (Stewart et al. 2008). Low social support, stressful life events, previous history of depression and depression during pregnancy are risk factors associated with postnatal depression commonly reported among refugees, immigrant and asylum-seeking women - indicative of post-migration isolation and loneliness (Collins, Zimmerman, & Howard, 2011).

Impetus for the Dissertation

In 2013, the U.S. government committed to resettling 50,000 refugees originating from the Democratic Republic of Congo (DRC) by 2019. In response, the Institute on Domestic Violence & Sexual Assault (IDVSA), in collaboration with the United Nations High Commissioner for Refugees (UNHCR), launched a study to explore the experiences of Congolese women in three U.S. cities (Busch-Armendariz, Wachter, Cook Heffron, Nsonwu, & Snyder, 2014). My involvement in this study introduced me to the challenges women face post-resettlement, including the loss of social support felt by some participants more dramatically than others. Having spent the better part of fifteen years in African settings, interviewing Congolese women in San Antonio and Salt Lake City highlighted for me dramatic differences in context and relational life. The emotion with which women described their loneliness, grief, and feeling overwhelmed was striking,

revealing to me the troubling possibility that single mothers could “starve” for want of companionship and family support.

The study pointed to associations between social support, psychosocial wellbeing, and mental health concerns. It highlighted the extent to which global refugee-related policies and practices overlook the importance of social support, and even contribute to rupturing connections in resettlement processes. The findings and experience ultimately led me to formulate new questions around how and to what extent women recreate social support networks in resettlement, and thus served as the impetus for the dissertation. I chose to continue the focus on women originating from the DRC in order to build on this study, in response to the increase in Congolese resettling to the United States, and because of my own commitments.

Reflexivity and Researcher Positionality

Feminist social work research priorities are rooted in an anti-oppression social justice paradigm (Wahab, Anderson-Nate, & Gringeri, 2015). Reflexivity serves to recognize the ways in which researchers shape and are influenced by the inquiry, and fosters the self-awareness necessary to address potentially exploitative dynamics in research and knowledge production (Creswell, 2013; Wahab, Anderson-Nathe & Gringeri, 2015). Reflexivity is a practice that researchers must cultivate over time. It requires the capacity to question and be honest with oneself, and the willingness to critically examine one’s process and work from the inside out, and the outside in. Putting reflexivity into writing seeks to make transparent perspectives, identities, experiences,

and commitments that have shaped the work at hand. Yet, these aspects of oneself are not always easily discernable or distilled in meaningful ways.

Relevant to positioning researchers in relation to their work, feminist principles urge us to resist binary thinking, and to bring into focus the complexity of identity and experience at its intersections (Wahab, Anderson-Nathe & Gringeri, 2015). As a white woman and American citizen, issues of power and privilege are central concerns in my reflexive process - particularly in my work that concerns the experiences of women who consider “Africa” home and have fled violent conflict. While I resist perpetuating binaries and inadvertently reinforcing my own privilege, I think it is important to name it.

I view human experience as intrinsically relational. Through our connections we shape our sense of self and purpose, and fulfill varying needs for companionship and belonging. Needs related to social support are shaped by the norms, values, expectations and experiences that have shaped who we are, and the extent to which we feel deserving of support and love. As a child of immigrants, I have witnessed firsthand how the experience and provision of social support can transcend borders, and manifest in transnational ties and responsibilities that individuals, separated from loved ones, continue to fulfill. As someone whose family history and identity are rooted elsewhere, I have struggled at times with finding belonging in the country I claim as home. As a mother, I know how vital social support is to getting by and the pain associated with gaps. I thus relate my own experiences in the study of social support in the context of transnational lives and identities, albeit it under different circumstances than those associated with forced migration.

The central focus on social support in the dissertation marks a pivot from my longstanding emphasis on violence against women, which I attribute to my experience with the aforementioned study that took hold of me. This shift allowed me to look at an aspect of women's experiences that is even less considered in policy and practice, and that still relate to impacts of inter-personal and structural violence against women. My unwavering focus on women reflects deeply held convictions shaped by my years in anti-violence against women work and passion for it. My work with women, however, is not what I believe makes my work feminist per se, and is not a reflection of my understanding of the fluidity of gender identities. What I believe makes me a feminist researcher is my anti-oppression focus, engagement with critical theories, commitment to anti-essentializing knowledge production, and consideration of tensions related to outsider / insider dynamics, difference, and power, and other related factors (Wahab, Anderson-Nathe & Gringeri, 2015).

I understand the development of my sense of self and purpose in relation to people and place. It is thus important to relate my motivations and sense of purpose to my lived experience in African contexts during formative years in my adulthood - first as a student and volunteer, and then as a professional humanitarian aid worker. Across contexts and over the span of fifteen years, I forged personal connections and cultivated understandings of urban and rural life in times of peace, war, displacement, and postwar reconstruction – and of the humanitarian infrastructure. During my tenure in humanitarian assistance, the DRC and surrounding region were a geographic point of focus in my work, and specific personal and political commitments grew out of my

connections to people and place over time. These connections make the work personal for me. I cannot untangle myself. These experiences also equip me with certain insights, which I understand can complicate the research endeavor. I therefore guard against confusing memories for knowledge, and instead draw upon them as reference points that may or may not inform the inquiry at hand.

From a “precarious position in multiple circles of partial belonging”, Martha Kuwee Kumsa expresses tensions around identity and difference that resonate deeply with me (2015, p. 164). She shares,

There is little doubt in my mind that the experiences of Oromo refugee women resettled in the West and their wrestling with webs of local and global relations of power offer a rich site for feminist research and theorizing. But who researches whose life and who theorizes whose experiences (hooks, 1984). As other researchers also find, there is a crisis of representation, a crisis of truth, of who can accurately represent whose reality, of who can speak on whose behalf and in whose voice (Ahmed, 2000; Lather, 1993; Spivak, 1988 in Kumsa, 2015, p. 163). Wrestling with these tensions from a different standpoint and as an outsider researcher, I also have little doubt in my mind of the richness in knowledge and experience that women, having survived war and displacement, have to offer feminist research and theory, practice and policy making. I believe we need to do more listening. The questions Kumsa raises, invoking the thinking of other notable writers (hooks, Ahmed, Spivak), serve as a reminder that these are complex, messy, and worthwhile tensions to

grapple with. They encourage me to continue building a practice of reflexivity, and foreground the importance of attending to ethics and rigor in the work.

Priorities and Gaps in the Literature

In search of answers to questions concerning how and to what extent women recreate social support networks in resettlement, I conducted a review of the empirical literature, where “social support” and “refugees” intersect, as well of U.S. refugee resettlement policies and practice. The review illuminated entrenched priorities and gaps that further informed the focus of the project, synthesized here.

Empirical literature. A review of the empirical literature did not offer substantive answers to explain how women rebuild social support networks in forced migration. Several reasons may explain the gap. First and foremost, studies with forced migrant populations that include social support generally lack a meaningful gendered analysis beyond assessing differences in mental health symptoms between men and women. Social support among forced migrant populations is most often studied quantitatively as a determinant of mental health, and thus is rarely studied on its own terms with sufficient nuance and contextual grounding. Mental health outcomes among those with refugee status are principally studied as a consequence of traumatic events associated with the circumstances they fled, including political persecution, torture, armed conflict, genocide, and sexual violence. While some scholars explicitly counter the notion that pre-migration trauma is predominantly responsible for post-migration mental health problems, and advocate that post-migration stressors must also be taken

into account (Carswell, Blackburn and Barker, 2011), the dominant pre-migration trauma paradigm persists in research and in practice. Lastly, a review of the literature from 1996 to 2011 carried out by Stewart et al., (2012) did not identify any support intervention studies that focused on African refugees, and that the effectiveness of post-resettlement support programs has not been systematically evaluated overall.

The study of social support is generally fragmented by the multitude of disciplines, theoretical perspectives, and definitions used to explain a complex and highly subjective lived experience. Social capital theories, for example, have become popular in forced migration studies. Migration scholars point to the importance of exploring notions of social capital as pivotal to understanding integration processes (Smyth, Stewart & Da Lomba, 2010). Distinctions between bonding and bridging subtypes of social capital (Lyytinen & Kullenberg, 2013) were popularized in mainstream refugee integration frameworks (Ager & Strang, 2008).¹ In models based in social capital approaches social support is obscured by an emphasis on economic or employment outcomes, reflected in U.S. refugee resettlement policy and practice as well.

Policy and practice. Women have only recently been recognized as forced migrants in their own right and the global refugee regimes still lag behind in policy and practice. The consideration of women in forced migration studies and the global refugee regime emerged only in the 1980s and 1990s. Previously the “classic case” had been that “a man was tied to a chair and forced at gunpoint to watch his common-law wife being

¹ *Social bonds* refer to the connections that link members within a group and provide informational, material, emotional resources, and capacity building resources. *Social bridges* refer to connections between groups, such as the relationship between “migrant” and “host” communities.

raped by soldiers. In determining the case for refugee status, he was deemed to have been tortured. His partner was not” (Pittaway & Barolomei, 2001 in Fiddian-Qasmiyeh, 2014, p. 398). It was not until the mid-nineties that the resettlement arm of the global refugee regime began to consider the possibility of recommending women for resettlement based on their own set of protection concerns (Hajdukowski-Ahmed, Khanlou & Moussa, 2008). As Fiddian-Qasmiyeh explains,

While women were ‘added to’ existing frameworks, they were effectively included on the implicit understanding that they were exceptions to the norm: they required ‘special’ guidelines precisely because they were conceptualized as a ‘particularly vulnerable social group’ which was distinctly unlike the ‘normal’ [heterosexual male] refugee (Fiddian-Qasmiyeh, 2014, p. 398 - 399).

It was not until 2008 and 2011 that the global refugee regime formally recognized sexual orientation and non-binary gender identities as membership of a particular social group, as per the 1951 Geneva Convention refugee definition (Fiddian-Qasmiyeh, 2014).

Evidence suggests that social support in the initial phase of resettlement is essential, but has not been adequately acknowledged or applied to refugee resettlement programming or policy development (Stewart, Simich, Shizha, Makumbe & Makwarimba, 2012). The resettlement process itself can contribute to loss of social support through the separation of families, sometimes with the explicit purpose of providing resettlement opportunities to women who are single mothers. An association between mental health problems and post-migration stressors suggests the need for a resettlement system that strives to reduce post-migration stress and increase support

(Carswell, Blackburn & Barker, 2011). However, the role of social support in integration and psychosocial wellbeing is not an explicit priority for policy makers and resettlement practitioners whose concerns are shaped by stringent time and resource constraints, and an overriding emphasis on economic self-sufficiency (Wachter et al., 2016). Neoliberal refugee resettlement policies in the United States focus primarily on economic self-sufficiency, as reflected in the 1980 Refugee Act and federally and state funded services. Employment services are considered paramount to clients becoming economically self-sufficient within 120–180 days (Office of Refugee Resettlement, 2014). The U.S. refugee resettlement program has only recently begun to address issues related to gender (in)equality among resettling groups, and within the resettlement system itself. Key areas where gender disparities are unrecognized include access to resources, information and cell phones, and low representation of females among language interpreters (IRC, personal communication, June 2, 2017).

Purpose

The confluence of my commitments, my practice background, doctoral training, and global / local political trends have shaped the direction of my learning goals for the dissertation – methodological, theoretical, and in terms of its subject matter. In recognition of gaps and current prioritizations in research, policy and practice concerned with the impacts of forced migration, the overarching goal of this dissertation is to further understandings of women's experience of social support in forced migration, the dynamics that shape and impact their experiences, and the factors that enable or

impede their ability to maintain or recreate social support networks. To make strides towards achieving this goal, I designed three distinct but inter-related components, the aims of each are listed below.

Aims

- (1) To highlight lesser-known associations between social support, stigma, and mental health among women who experienced sexual violence in eastern DRC.
- (2) To develop theory of psychosocial processes that explain how Congolese women recreate social support networks post-resettlement in the United States.
- (3) To advance conceptualizations of research and practice with women in forced migration drawing from postcolonial feminist and African diaspora theories.

All three components share a fourth aim in common:

- (4) To inform social work practice and research with forced migrant women, with an emphasis on U.S. refugee resettlement.

Three discrete articles - products resulting from the three components of the dissertation project - make up the main body of the dissertation (chapters two, three, and four).

Together, they provide different vantage points from which to deepen understandings of women's internal and relational lives in forced migration.

Theoretical Frameworks

Social support theories informed the project components to varying extents and primarily the two empirical components of the project (chapters two and three). The conceptual article (chapter four) implicitly reflected aspects of social support theories described here in its focus on identity and community formation. The relationship between social support and health is well established in the literature (Barrera, 1986; Cohen & Wills, 1985; Schweitzer, Melville, Steel & Lacherez, 2006; Uchino, 2009), but questions remain regarding the exact nature of this relationship and the circumstances which affect it. The dissertation research drew from the *main effects* model, which posits that social support has continuous and direct benefits to well-being by addressing basic but constant social needs of individuals (Cohen & Wills, 1985). This social support theory posits that there is variation in what individuals and groups consider supportive, that the self and social world are interrelated, and the experience of the self is linked to interactions with others (Lakey & Cohen, 2000, p. 36). Cohen and Wills (1985) suggested that the link between support and mental health may lie in “socially rewarded roles...[that] provide positive affect, a sense of predictability and stability . . . and . . . self-worth” (p. 311). Thoits’ (1985) symbolic interactionist model of *main effects* emphasized the connection between identity and roles with belonging, self-esteem, and opportunities for growth. According to Thoits,

[A]spects of regularized social interaction and not emotional support dimensions per se, are responsible for maintaining well-being. What we recognize as dimensions of emotional support and main effects of support are simply

byproducts of these more abstract social-psychological processes (Thoits, 1985, pp. 57–58).

People who feel that they are part of a social network may have a stronger sense of identity and more meaning in their lives (Cohen, 1988). Importantly, social support may operate differently across more collectivist or individualistic societies (Henrickson, Brown, Fouché, Poindexter & Scott, 2013).

Postcolonial feminisms informed the entirety of the dissertation with regards to the commitments driving the project. Grounding the dissertation in these perspectives required situating analyses within historical and contemporary processes, attending to the complexity of identity and experience in local and transnational contexts, and resisting neoliberal and essentializing discourses of black African women. To varying degrees, this theoretical perspective underpinned the methods and analyses in the empirical components (chapters two and three), and explicitly formed the basis for the conceptual paper (chapter four) in conjunction with African diaspora theory.

Approach

The aims of the project required a multi-method strategy, and therefore drew from quantitative, qualitative and theoretical approaches, respectively, to examine women's experiences in forced migration through the lens of social support from different vantage points. I drew from three distinct approaches first and foremost because they responded to the aims of the project, as well as to further my own training in these areas. The approaches and methods, per article, are summarized below. The order with which the

articles appear in the dissertation, by chapter, reflect the temporal succession of the work. The iterative process I employed regarding the development of the project components thus allowed the papers to inform one another.

Article 1. While attention has been given to the magnitude of sexual violence in eastern DRC, practitioners in the United States and other resettlement countries may not be attuned to the interplay of psychological and social consequences of sexual violence that may carry into post-resettlement processes. This first study comprised a secondary analysis of cross-sectional quantitative data researchers had collected in eastern DRC as part of broader intervention research ($n = 744$). Situated within the *main effects* theory of social support, the research questions guiding the analysis were: 1) what is the direct relationship between social support and mental health among women who reported experiencing sexual violence in eastern DRC; and, 2) how does the internalization and perception of stigma moderate the relationship between social support variables and mental health outcomes? Regression and moderation analyses were conducted to examine associations among social support, stigma, and mental health variables.

Article 2. The aim of the second study necessitated a theory generating methodology. This study therefore drew from grounded theory methods developed by Charmaz (2014) and Strauss and Corbin (1998), as well as earlier approaches (Glaser & Strauss, 1967). Originally developed by Barney Glaser and Anselm Strauss, grounded theory methodologies seek to generate explanatory theory of psychosocial processes grounded in participant data and applicable to applied fields (Creswell, 2013). Symbolic interactionism, promoted through Strauss and Corbin's work, refers to individual-level

constructions of self, society and reality through interaction focused on dynamic relationships between meaning and actions. In reaction to the positivist roots of grounded theory methodology, Kathy Charmaz developed a constructivist approach in which reality is constructed through individual and collective actions in particular times and spaces. To examine meanings of social support as constructed by interactions between women and their shifting environments, I used a combination of these approaches, rooted in interpretivism, to foreground meanings of social support in particular times and spaces. The original research questions that shaped the starting point for the study were: How do women recreate social support post-resettlement? What factors enable and impede women's social support? How do women navigate those factors? The theory that emerged inductively, in effect answered the question: How does social support work across time and space among women (n = 27) originating from the DRC and resettling in a mid-size town in Texas?

Article 3. This component of the project involved an examination of postcolonial feminist and African diaspora theories to glean insights into the experiences of women in forced migration not typically addressed in policy and practice. These theories hold in common a concern with structural injustices and human suffering, relevant to forced migration and social work research and practice. Key theoretical notions informed a critique of practices, pre- and post-resettlement, which contribute to the framing of “refugee women” in static categories, thereby denying the subjectivities of women. In contrast, notions of identity and community formation bring into focus complex possibilities of women's internal and relational lives. In this paper, I argue for centering

the subjectivities of women in research and practice with women impacted by forced migration. By centering subjectivities, I refer to bringing the internal realities, feelings and perspectives of women into the forefront of policy, practice and research with forced migrant populations, situated within historical and contemporary context, and attuned to the impacts of war, displacement and humanitarian intervention on women's internal and relational lives.

Conclusion

Employing multiple methods, this three-article dissertation examines the experiences of women shaped by war, displacement, and resettlement through the lens of social support. The two empirical articles (chapters two and three) provide a detailed account of methodological approaches I used, and an analysis of findings. The conceptual paper (chapter four) explores postcolonial feminist and African diaspora theories that also shaped aspects of the empirical chapters. Chapter five, the conclusion, seeks to provide an account of the learning across the project components.

Chapter 2: Stigma Modified the Association Between Social Support and Mental Health Among Sexual Violence Survivors in the Democratic Republic of Congo²

Introduction

The second largest country in Africa, the Democratic Republic of the Congo (DRC) is as rich and diverse in history, culture, and natural resources as it is vast in size. Fueled by a violent colonial legacy, the DRC has endured armed conflict, political and economic strife, and mass population displacement since 1996. Millions have been forcibly displaced, fleeing abuses of the Congolese army and myriad militias seeking to gain economic, political, and military control. By 2016, 1.8 million Congolese were estimated to be internally displaced and approximately 450,000 additional Congolese were registered as refugees in neighboring countries throughout the region (UNHCR, 2017).

In conjunction with other acts of violence involving torture, looting, and forced recruitment, armed groups operating in eastern DRC have perpetrated sexual violence against civilians, targeting women and girls in particular. The health consequences of sexualized violence in conflict-affected areas such as eastern DRC can be debilitating and life-limiting (Stark & Wessells, 2012; Kinyanda et al., 2010). Though psychosocial consequences may be less visible, research in eastern DRC demonstrates that they are no less profound or far-reaching. Survivors of sexual violence in DRC have described psychological symptoms consistent with depression, anxiety, and posttraumatic stress

² As the first author, I completed approximately 90% of the work. The remaining 10% reflect contributions from the following co-authors: Drs. Sarah M. Murray, Brian J. Hall, Jeannie Annan, Paul Bolton, and Judy Bass.

disorder (PTSD), impaired social functioning, feelings of abandonment and rejection by family and friends, concerns about providing for self and family, fear, and stigma (Bartels et al., 2010; Bass et al., 2013; Kelly et al., 2011).

The United States government is in the process of resettling approximately 50,000 refugees originating from the Democratic Republic of Congo (DRC).³ Short- and long-term experiences post arrival in resettlement countries, such as the United States, have been sporadically studied, and empirical research is needed to inform discussions around needs of Congolese refugees resettling to the United States. While attention has been given to the magnitude of sexual violence in eastern DRC, practitioners in the United States and other resettlement countries may not be attuned to the interplay of psychological and social consequences of sexual violence that may carry into resettlement processes post arrival. Moreover, the role of social support in integration and psychosocial wellbeing is not an explicit priority for policy makers and resettlement practitioners whose concerns are shaped by stringent time and resource constraints, and an overriding emphasis on economic self-sufficiency (Wachter et al., 2016). In addition, a nascent but growing body of empirical work related to sexual violence and stigma in eastern DRC can serve to inform efforts to improve women's health and psychosocial outcomes in the DRC, throughout Africa, and globally across contexts. Thus, this study examines how social support, stigma and mental health interrelate among women who

³ Resettlement refers to the selection and transfer of refugees from a State in which they have sought protection from persecution to a third State with permanent residence status (UNHCR, 2011, p.3). In 2013, the U.S. government committed to resettling 50,000 Congolese by 2019.

have experienced sexual violence, employing data collected in eastern DRC to inform future directions for practice and research across contexts.

Social Support

While scholars have long explored the benefits of social relationships, the concept of social support formally emerged in the 1970s and has since been studied as a determinant of physical and mental health across disciplines and populations (Barrera, 1986; Carlsson, Mortensen, & Kastrup, 2006; Cohen & Wills, 1985; Schweitzer et al., 2006; Uchino, 2009; Wilkinson & Marmot, 2003). By definition, social support is widely recognized as an essential function and product of social relationships. The degree to which social relationships are supportive relies on conditions such as reciprocity, accessibility and reliability, and individuals' use of their relationships to request, access and/or provide support to others (Williams, Barclay & Schmied, 2004). Perceptions of available support, actual support received, seeking support, and network characteristics are distinct constructs related to the study of social support and are important to differentiate (Lakey & Cohen, 2000), as well as the adequacy and directionality of support (Gottlieb & Bergen, 2010). Conceptualizations of social support in research have typically employed deductive approaches that do not sufficiently address whether models of support reflect participants' understanding of social support within specific contexts (Williams, Barclay & Schmied, 2004).

Despite the breadth of the social support literature across disciplines, considerable variation persists in how social support is categorized into types of behaviors and

operationalized for the purposes of research. Categorizations often include: *emotional support*, which describes expressions of empathy, love, attachment, trust and caring; *instrumental, material or practical support* that involves concrete assistance or help in sharing goods, money, skills, labor or time; *informational support*, which encapsulates advice, guidance, suggestions and information; and, *appraisal support* that involves feedback or information useful for evaluating oneself or situation (Gottlieb & Bergen, 2010; Williams, Barclay & Schmied, 2004).

Theoretical perspectives from the fields of psychology and sociology offer explanations for the role of social support in physical and mental health, most commonly buffering and main-effect models of social support. The buffering model of social support posits that perceived social support moderates stress and promotes coping and adaptation in times of stress (Barrera, 1986; Cobb, 1976; Cohen & Wills, 1985). In this model, the correlation between life stress and poor mental health is stronger for people with low social support than for people with high social support. In contrast, the main effect model maintains that social support has continuous and direct benefits to well-being by addressing basic but constant social needs of individuals, not only in times of stress (Thoits, 1985).

Studies demonstrate the positive role of support for refugees in displacement and resettlement provided by family and friends in buffering different types of distress and particularly the role of perceived social support from migrants' ethnic communities in predicting mental health outcomes (Schweitzer et al., 2006; Simich, Beiser & Mawani, 2003). A lack of meaningful supportive relationships has been linked to social isolation,

stress, and mental and physical health problems among refugee groups (Simich, Beiser & Mawani, 2003; Chen, Hall, Ling & Renhazo, in press). The link between social support and mental health may be related to identity and social roles that provide predictability, stability, self-worth, and a sense of belonging (Cohen & Wills, 1985; Thoits, 1985). Evidence suggests that social support for resettling refugees is essential but has not been adequately acknowledged by or applied to refugee programming or policy development (Stewart, Simich, Shizha, Makumbe & Makwarimba, 2012).

Social support has also been shown to be an important element of women's recovery from sexual assault (Bryant-Davis, Ullman, Tsong, & Gobin, 2011; Coker et al., 2002; Fowler & Hill, 2004; Schumm, Briggs-Phillips & Hobfoll, 2006). Research has shown the absence of social support as a strong predictor of PTSD (Veling, Hall, & Joosse, 2013; Brewin, Andrews, & Valentine, 2000), and the presence of social support as a protective factor against PTSD and other mental health problems among survivors of sexual assault and intimate partner violence across contexts (Coker et al., 2002; Schumm, Briggs-Phillips & Hobfoll, 2006). Negative reactions are common to disclosures of sexual assault and additional research is required to understand the extent to which survivors' post assault interactions impact their mental health (Ullman, Townsend, Filipas, Starzynski, 2007).

Stigma

Much of the existing stigma research has been informed by Erving Goffman's work in sociology (1963) and cross-disciplinary research in relation to mental illness,

sexual orientation, HIV/AIDS, and race/ethnicity since 2000. Stigma is currently understood as “marks of shame or oppression,” “discrediting attributes” and a “devalued social identity,” and stigmatization as “the social process embedded in social relationships that devalues through conferring labels and stereotyping” (Pescosolido & Martin, 2015, p. 92). Stigma and stigmatization are dependent on interconnected processes that co-occur within a context of power dynamics that involve: identifying and labeling human differences; linking labeled persons to undesirable characteristics (stereotyping); socially distancing or othering the stigmatized group; and the experience of discrimination and loss of status by stigmatized individuals and groups (Link & Phelan, 2006). The constructs of internalized, perceived and enacted stigma have commonly been used in stigma research associated with mental illness, in particular (Brohan, Slade, Clement & Thornicroft, 2010). *Internalized stigma* relates to an individual’s feelings (i.e. shame, self-blame, guilt) or behaviors in response to negative perceptions, exacerbating feelings of difference (Simbayi et al., 2007). *Perceived stigma* refers to how an individual perceives how others negatively view or behave toward them (Liu et al., 2011), and *enacted stigma* is operationalized by actual acts of discrimination people experience (Lasalvia et al., 2013).

Women and girls marked as “raped” in the DRC are at increased risk of being ostracized, humiliated, blamed, and possibly turned out from their homes and abandoned (Bartels et al., 2010). Female survivors may also experience isolation, strained marital relations, exclusion from school and work, being labeled unfit for marriage and re-victimization (Josse, 2010; Kelly, Betancourt, Mukwege, Lipton, & VanRooyen, 2011;

Harvard Humanitarian Initiative, 2009). Survivors may attempt to hide the fact they were raped, severely restricting the help and assistance available to them. A secondary data analysis of 1,021 patient files of women who presented post-rape to a hospital in eastern DRC revealed that women reporting multiple perpetrators were 2.8 times more likely to be abandoned by their husbands, and women who became pregnant as a result of rape were 2.6 times more likely to be abandoned by their husbands (Bartels et al., 2013).

In eastern DRC, family and/or community members commonly describe women's experiences with discrimination associated with rape as "rejection". Women have described experiencing varying and multiple rejections, including financial, emotional and physical. Kohli et al.'s qualitative study (2013) points to the complexity of rejection: some women may no longer live with their families; others may experience misunderstandings and tensions among family members that did not exist before; some may be unable to continue with their household responsibilities; some experience a loss of affection; other women described rejection as a loss of economic support, and some continue to live in the same household but no longer received financial support from their husbands for themselves or their children (Kohli et al., 2013, p. 753-754). While survivors in eastern DRC described rejection by one or more people in the family (e.g., in-laws, spouse, parents, children), they also pointed to how other family members provided support and helped with mending ruptured connections (Kohli et al., 2013).

Study aims

This study examined how social support, mental health and stigma interact among women who have experienced sexual violence in the Kivu Provinces of eastern DRC. Situated within the *main effects* theory of social support, the research questions guiding the current analysis are: 1) what is the direct relationship between social support and mental health among women who reported experiencing sexual violence in eastern DRC; and, 2) how does the internalization and perception of stigma moderate the relationship between social support variables and mental health outcomes? In relation to the first question we hypothesized that women reporting difficulty accessing social support across a variety of variables would be associated with higher levels of mental health symptoms. Our second hypothesis was that internalized and perceived stigma would change the relationship between social support and mental health, whereby social support would be associated with poorer mental health.

Methods

This study is a secondary analysis of cross-sectional data originally collected during two randomized controlled trials conducted in eastern DRC. Led by a research team from Johns Hopkins University (JHU) and the International Rescue Committee (IRC), the two trials tested the effectiveness of group psychotherapy therapy (study one) and a social-economic intervention (study two) on improving mental health and economic outcomes for women who had experienced sexual violence (Bass et al., 2013; Bass et al., 2016). Institutional review boards at the Johns Hopkins Bloomberg School of

Public Health and Kinshasa School of Public Health in the DRC approved the original studies. See Bass et al., (2013; 2016) for details pertaining to these studies.

Recruitment

The original researchers used nonprobability purposive sampling techniques to recruit participants in 15 rural communities for study one and nine rural communities for study two. Local organizations providing services and programs in response to sexual violence invited women in their communities who had previously self-reported significant and persistent problems with daily functioning and/or mental health symptoms to a screening interview. A total of 1,184 women aged 18 and older participated in the screening interviews administered at baseline across the two studies. Given the current focus on the stigma associated with sexual violence, 440 cases of women who reported witnessing but not directly experiencing sexual violence were removed from the dataset resulting in a sample of 744 women who reported experiencing sexual violence for the current analysis.

Data collection procedures

Baseline data collection was conducted using the same instrument and techniques across the two trials. The survey instrument was verbally administered in five languages (Kibembe, Kifuliro, Kihavu, Mashi, and Swahili) by trained female interviewers with

women who provided informed consent to participate.⁴ Baseline data were collected in December 2010 for study one and in February 2011 for study two.

Measures

Demographics. Participants reported age, ethnicity, marital status, years of education completed (log transformed variable), number of women and total number of people living in the home, and number of children for whom they were responsible.

Mental health (dependent variables). Researchers developed and assessed the validity of a locally-adapted mental health instrument using a mixed methods approach described in Bass, Ryder, Lammers, Mukaba & Bolton (2008). As part of this process, researchers first conducted qualitative research in three linguistically diverse communities to inform the selection and modification of existing measures (Bass et al., 2013).⁵ Researchers used the 15-item subscale of the Hopkins Symptom Checklist-25 (HSCL-25) to assess depression, the 10-item HSCL-25 anxiety subscale to measure anxiety (Winokur, Winokur, Rickels & Cox, 1984) and the 16-item Harvard Trauma Questionnaire (HTQ-Trauma) to assess PTSD (Mollica, Caspi-Yavin, Bollini, Truong, Tor & Lavelle, 1992). We removed a single item from the depression subscale (“feelings of worthlessness”) and one item (“feeling detached or withdrawn”) from the PTSD subscale due to their inclusion on the *felt stigma* scale described next. Cronbach alpha

⁴ Following the baseline data collection, study eligibility was assessed across several criteria and eligible participants were invited to participate in the studies, and randomized to treatment and wait-control groups. The current analysis is limited to baseline data from the two studies.

⁵ This process produced 15 locally-specific symptoms that were included as a subscale on the original mental health instrument. These items were not included in the mental health measures for the current analysis, but were used in the *felt stigma* measure described next.

scores for the combined subscales of the HSCL-25 and HTQ-Trauma measures were .89 and .88, respectively, indicating good internal consistency. For each symptom, interviewers asked participants to rate how often they perceived that they experienced the problem in the prior four weeks on a four-point, pictorial Likert scale (0 = not at all, 1 = little bit, 2 = moderate amount, 3 = a lot). Mean scores were calculated with higher scores indicating greater number and/or frequency of symptoms.

Felt stigma (moderator). The current analysis builds on findings from a previous confirmatory factor analysis with the same dataset that supported combining internalized and perceived stigma into a single construct of *felt stigma* drawing from locally specific problems associated with the experience of sexual violence generated by the aforementioned qualitative research (see Murray et al., 2015 for details). Felt stigma refers to people's actual and anticipated fear of being discriminated against, perceptions of others' negative views of oneself, and feelings of shame (Jacoby, 1994; Scambler & Hopkins, 1986). The eight-item *felt stigma* scale indicated good internal consistency. Items included: *feeling badly treated by family members*, *feeling badly treated by community members*, *feeling rejected by everybody*, *feeling stigma*, *wanting to avoid people or hide*, *feeling shame*, *feeling detached from others (HTQ-Trauma)*, *feelings of worthlessness (HSCL-25, depression subscale)*. For each symptom, participants were asked to rate how often they perceived that they experienced the problem in the prior four weeks (0 = not at all, 1 = little bit, 2 = moderate amount, 3 = a lot). A higher score indicated a higher number and/or frequency of feelings associated with perceived and internalized stigma.

Social support variables (independent variables). We assessed associations between seven different types of social support and mental health: emotional support seeking (two items); contact with others (six items); practical support (one item); anticipated short-term financial support (one item); anticipated long-term unspecified support (one item); support provided to others (four items); and asking for help (one item). For the four multi-item scales, items were averaged across participants and exhibited adequate to good internal consistency (Cronbach's alpha range 0.64-0.85). The items used to assess contact with others, support provided to others, and asking for help came from a context-specific function scale developed in the DRC by JHU using a mixed methods approach described elsewhere (Bass, Ryder, Lammers, Mukaba, & Bolton, 2008). The single items assessing practical long- and short-term anticipated support were adapted from the Integrated Questionnaire for the Measurement of Social Capital (SC-IQ) (Grootaert Narayan, Woolcock, Nyhan-Jones, 2004) and log transformed due to non-normal distributions. See Table 1 for details regarding social support measures.

Table 1 – Social Support Measurement Details

Social support construct	Measure	Items	Response options	Cronbach Alpha	Interpretation
Emotional support	Emotional support seeking	When you feel bad, how often do you talk about your problems with (1) Friends or family members (2) the women who have experienced similar traumas	0 = not at all 1 = rarely 2 = sometimes 3 = often	0.64	Higher score indicates more frequent support seeking
Contact with kin and non-kin	Contact with others	How much difficulty have you had in the past 4 weeks (1) Socializing with others in the community (2) Taking part in community activities or events (3) Taking part in family activities or events (4) Exchanging ideas with others (5) Interacting or dealing with people you do not know? (6) Attending church or mosque as usual?	0 = none 1 = little 2 = moderate amount 3 = a lot 4 = often cannot do	0.85	Higher score indicates more difficulty in interacting with others
Received practical support	Practical support	How often do you receive practical help from your family, like help when you are sick, child care when you are away, or help with garden work?	0 = not at all 1 = rarely 2 = sometimes 3 = often	-	Higher score indicates more frequent support
Perceived practical support	Anticipated short-term financial support	How many people you could turn to that would be willing to provide you a small amount of money you suddenly needed (for example enough to pay for your household for one week)?	Number of people	-	Higher number indicates the more number of people they could anticipate support from.
	Anticipated long-term unspecified support	How many people you could turn to who would be willing to assist you if you suddenly faced a long-term emergency, such as a family death or harvest failure?	Number of people	-	
Support provided to others (practical, informational/emotional)	Support provided to others	How much difficulty have you had in the past 4 weeks (1) Uniting with other community members to do tasks for the community (2) Uniting with other family members to do tasks for the family (3) Giving advice to family members (4) Giving advice to other community members	0 = none 1 = little 2 = moderate amount 3 = a lot 4 = often cannot do	0.81	A higher average indicates more difficulty in supporting others
Asking for help	Asking for help	How much difficulty have you had in the past 4 weeks asking or getting help from people or an organization?	0 = none 1 = little 2 = moderate amount 3 = a lot 4 = often cannot do	-	A higher average indicates more difficulty in asking for help

Data analysis

We examined univariate distributions to identify any possible issues with erroneous values, outliers, normality, and missing data. We assessed percent missing per variable, correlated missingness, patterns of missingness, and Little's omnibus test of missingness. Four variables had missingness in excess of 5%: contact with others (6.5%); practical support (32.9%); support provided to others (7.8%); and, asking for help (8.2%). We excluded practical support from the analysis moving forward, and assessed using sensitivity analyses that missingness on the three other variables did not affect the results.

We examined bivariate relationships between independent and dependent variables using Pearson's correlations and one-way ANOVA analyses. Variables exhibiting a significant association to either independent or dependent variable were included in the regression model. We conducted complete case regression analyses based on 624 cases. Subsequently, we ran simultaneous entry regressions on each outcome variable to assess regression assumptions and normality of residuals. Multicollinearity was not detected across all three regression models (VIF statistic <10). When statistical assumptions were not met, these violations were addressed in the final moderation model by using version 2.15 of the PROCESS macro for SPSS module (Hayes, 2013).

Based on independent and significant associations with mental health variables found in the regression analyses we selected *emotional support seeking* to examine the interaction between social support and stigma in the final moderation models for the following outcomes: (1) depression, (2) anxiety, and (3) PTSD. Covariates included

three remaining social support measures (contact with others, anticipated long term support, asking for help) that indicated a significant association with any of the mental health outcomes in regression analyses. *Felt stigma* and *emotional support seeking* were mean-centered. In the event of a significant moderation effect, we probed the interaction by testing the simple slope at low and high levels of felt stigma and emotional support seeking (Aiken & West, 1991), defined as one standard deviation (SD) below and above the mean. We conducted complete case moderation analyses based on data from 674 participants. All analyses with SPSS version 23 and all analyses were conducted with $\alpha = 0.05$.

Results

Univariate analyses

Table 2 presents the characteristics of the study population. The women included in the current analysis had an average age of 37 years (range: 18 -80) and completed an average of two years of formal education (range: 0 – 12). Nearly half were married (47%) and 22.4% were divorced or separated from their spouse. Participants were responsible for an average of four children. Twenty-one percent of women (n=156) reported giving birth to a child as a result of sexual violence. Approximately three quarters of women reported having received post-rape medical attention.

Table 2 – Participant characteristics (N=744)

	N (%)
Demographics	
Marital status	
Single	69 (9.3)
Married	353 (47.4)
Divorced	18 (2.4)
Separated	134 (18)
Widowed	170 (22.8)
Ethnicity	
Mushi	307 (41.3)
Mufuliru	155 (20.8)
Muhavu	121 (16.3)
Mubembe	51 (6.9)
Other	110 (14.78)
Post sexual violence (SV) events	
Received medical attention	559 (75.1)
Told someone about it	536 (72)
Had a child as a result of SV	156 (21)
	<i>Mean (SD)</i>
Demographics	
Age	37 (13.16)
Completed years of education	2.03 (3.03)
Number of people living in the home	7.13 (3.11)
Number of children responsible for	4.14 (2.60)
Mental health	
Average depression score	1.95 (0.58)
Average anxiety score	2.14 (0.67)
Average PTSD score	1.92 (0.65)
Moderator variable	
Felt stigma	1.75 (0.80)
Social support variables	
Contact with others	1.43 (1.02)
Emotional support seeking	1.33 (0.88)
Practical support received	2.07 (0.98)*
Anticipated short-term financial support	1.28 (1.92)
Anticipated long-term unspecified support	2.22 (4.72)
Support provided to others	1.70 (1.10)
Asking for help	2.0 (1.35)

* 32.9% missing data, therefore this variable was not included subsequent analysis

Regression analyses

Results from the forced entry regression analyses assessing the relationship of stigma and social support variables with different mental health outcomes are presented in Table 3. For the model with depression as an outcome, a significant regression equation was found [$R^2 = .49$, $F(7, 617) = 84.42$, $p < .001$] in which felt stigma ($b = .40$, $p < .001$), frequency of emotional support seeking ($b = .08$, $p < .001$), and asking for help ($b = .07$, $p < .001$) were positively associated with more depression symptomology. For the regression analysis with anxiety [$R^2 = .33$, $F(7, 617) = 43.59$, $p < .001$], felt stigma ($b = .44$, $p = .000$) and frequency of emotional support seeking ($b = .17$, $p < .001$) were also significantly associated with increased symptom severity. Results of the PTSD regression model were also significant [$R^2 = .51$, $F(7, 617) = 91.94$, $p < .001$] with felt stigma ($b = .45$, $p < .001$), frequency of emotional support seeking ($b = .13$, $p < .001$), contact with others ($b = .07$, $p = .022$) positively associated with increased levels of PTSD. Long-term anticipated support ($b = -.08$, $p = .014$) had a negative association with PTSD, indicating that more long-term anticipated support was associated with fewer PTSD symptoms.

Table 3 – Regression analyses predicting mental health outcomes (N=624)

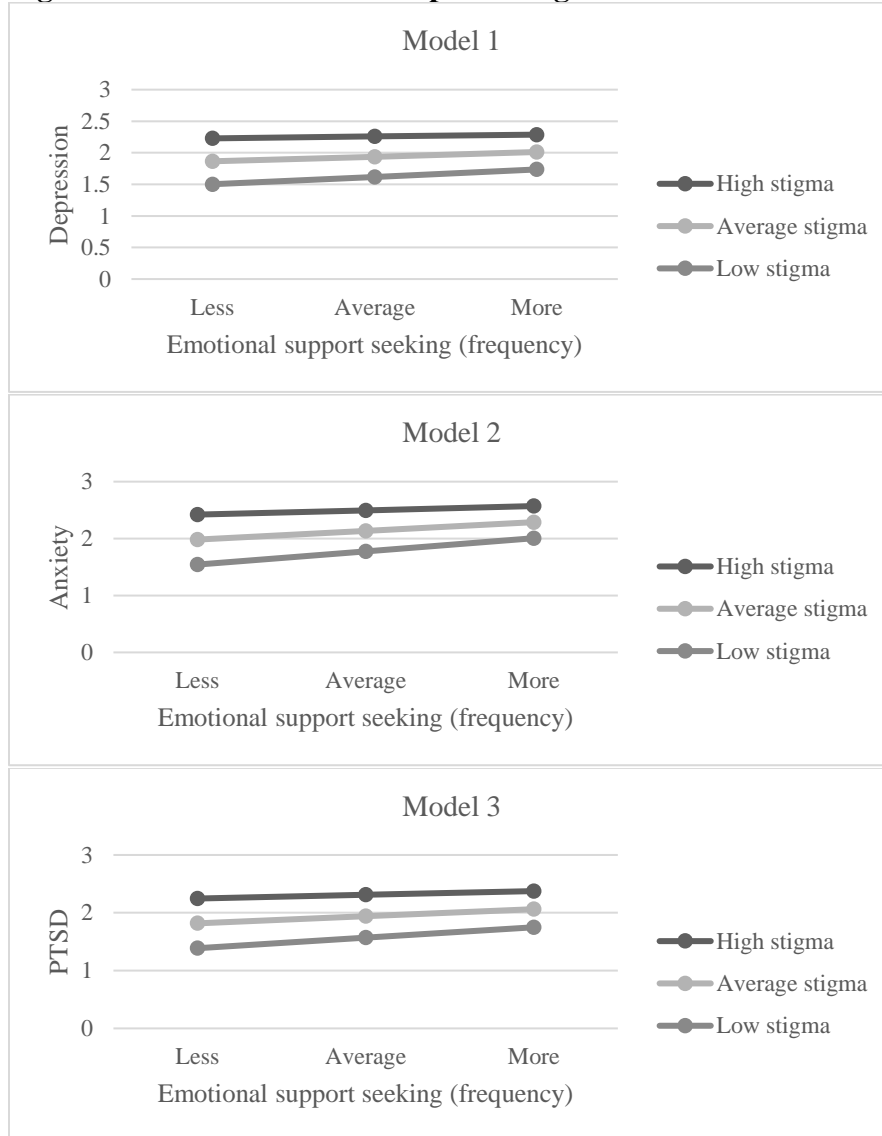
	Depression				Anxiety				PTSD			
	<i>b</i> (CI)	SE <i>B</i>	β	<i>p</i>	<i>b</i> (CI)	SE <i>B</i>	β	<i>p</i>	<i>b</i> (CI)	SE <i>B</i>	β	<i>p</i>
Constant	.94 (.82, 1.05)	.06		.000	1.04 (.88, 1.20)	.08		.000	.77 (.65, .90)	.06		.000
Felt stigma	.40 (.35, .45)	.03	.55	.000	.44 (.37, .50)	.04	.52	.000	.45 (.40, .51)	.03	.56	.000
Emotional support seeking	.08 (.05, .12)	.02	.13	.000	.17 (.12, .22)	.03	.23	.000	.13 (.09, .17)	.02	.20	.000
Contact with others	.04 (-.01, .01)	.03	.08	.118	.01 (-.07, .08)	.04	.01	.886	.07 (.01, .13)	.03	.11	.022
Anticipated short-term financial support*	-.1 (-.08, .06)	.04	-.01	.777	.03 (-.07, .12)	.05	.03	.543	.04 (-.32, .12)	.04	.05	.254
Anticipated long-term unspecified support*	-.04 (-.94, .02)	.03	-.05	.244	-.04 (-.12, .04)	.04	-.04	.354	-.08 (-.14, -.2)	.03	-.10	.014
Support provided to others	.01 (-.04, .06)	.03	.01	.801	.01 (-.06, .07)	.03	.02	.787	.04 (-.02, .09)	.03	.06	.179
Asking for help	.07 (.04, .09)	.02	.15	.000	.02 (-.02, .06)	.02	.04	.265	.02 (-.01, .05)	.02	.04	.250
<i>R</i> ²		.49		.000		.33		.000		.51		.000

*log transformed variables
(CI – Confidence Interval)

Moderation analyses

Detailed results from the moderation analyses are presented in Table 4 and depicted in graph form in Figure 1.

Figure 1 – Moderation models predicting mental health outcomes



Note: Fitted values from regression model were 1 SD below the mean (less or low), mean (average), 1 SD above the mean (more or high) for emotional support seeking and stigma, respectively.

Depression. The interaction term between emotional support seeking and felt stigma accounted for a significant proportion of the variance in depression ($\Delta R^2 = .01$, $F(1, 667) = 6.20$, $p = .01$). Significant conditional effects existed between emotional support seeking and depression at low ($t = 4.41$, $p < .001$) and average levels of stigma ($t = 4.66$, $p < .001$), and frequency of emotional support seeking predicted *higher* depression scores (see Figure 1). The conditional effect for depression became non-significant among women reporting high levels of felt stigma ($t = 1.44$, $p = .151$). For this group, depression scores remained the highest and were relatively constant across stigma levels. Two social support covariates included in the moderation model were associated with significantly higher depression: *contact with others* ($b = .05$, $SE = .02$, $p = .007$) and *asking for help* ($b = .06$, $SE = .01$, $p < .001$), the latter of which was also associated with depression in the regression analysis.

Anxiety. The interaction term between emotional support seeking and felt stigma accounted for a significant proportion of the variance in anxiety ($\Delta R^2 = .02$, $F(1, 667) = 9.47$, $p = .002$). Significant findings indicated that among women with low ($t = 6.29$, $p < .001$), average ($t = 7.12$, $p < .001$) or high ($t = 2.56$, $p = .011$) felt stigma scores, seeking less, average and more frequent emotional support predicted *increased* anxiety scores (see Figure 1). Similar to the regression model, no associations were found between social support covariates and anxiety.

PTSD. The interaction term between emotional support seeking and felt stigma accounted for a significant proportion of the variance in PTSD ($\Delta R^2 = .01$, $F(1, 667) = 8.66$, $p = .003$). Whether felt stigma was low ($t = 6.32$, $p < .001$), average ($t = 6.85$, $p <$

.001), or high ($t = 2.62, p = .009$), we found a significant positive relationship between emotional support seeking and PTSD (see Figure 1), signifying that seeking emotional predicted *increased* symptoms associated with PTSD for women regardless of their level of felt stigma. Consistent with the regression model, the covariate *contact with others* was again associated with PTSD scores ($b = .09, SE = .02, p < .001$) in the moderation model.

Table 4 – Moderation models predicting mental health outcomes (N=674)

	Depression				Anxiety				PTSD			
	<i>b</i> (CI)	SE <i>B</i>	<i>t</i>	<i>p</i>	<i>b</i> (CI)	SE <i>B</i>	<i>t</i>	<i>P</i>	<i>b</i> (CI)	SE <i>B</i>	<i>t</i>	<i>p</i>
Constant	1.78 (1.70, 1.86)	.04	42.38	.000	2.08 (1.98, 2.19)	.05	39.50	.000	1.79 (1.70, 1.88)	.05	39.83	.000
Felt stigma (centered)	.40 (.35, .46)	.03	14.91	.000	.45 (.39, .52)	.04	13.05	.000	.47 (.41, .52)	.03	17.08	.000
Emotional support seeking (centered)	.08 (.05, .12)	.02	4.66	.000	.18 (.13, .22)	.03	7.12	.000	.14 (.10, .18)	.02	6.85	.000
Emotional support seeking X Felt stigma	-.06 (-.11, -.13)	.03	-2.49	.013	-.11 (-.19, -.04)	.04	-3.08	.002	-.08 (-.14, -.03)	.03	-2.94	.003
W												
Covariates												
Contact with others	.05 (.01, .08)	.02	2.70	.007	.01 (-.04, .07)	.03	.56	.60	.09 (.05, .13)	.02	4.31	.000
Anticipated long-term unspecified support*	-.04 (-.08, .00)	.02	-1.76	.079	-.00 (-.06, .06)	.03	-.07	.95	-.04 (-.08, .01)	.02	-1.49	.136
Asking for help	.06 (.03, .09)	.01	4.34	.000	.02 (-.02, .05)	.02	.88	.38	.02 (-.01, .05)	.02	1.23	.218
<i>R</i> ²		.50		.000		.36		.000		.53		.000

*log transformed variable

Discussion

The aim of this study was to further understanding of the relationship between social support variables, internalized and perceived stigma (felt stigma), and mental health among women who experienced sexual violence in eastern DRC. We found positive significant main effects of emotional support seeking and felt stigma for depression, anxiety and PTSD. Contrary to our first hypothesis, however, more frequent seeking of emotional support was associated with higher not lower mental health scores. The cross-sectional nature of this study does not allow us to draw conclusions about the direction of the relationship between emotional support seeking and mental health symptoms. Therefore, increased mental health symptoms may predict emotional support seeking and unexpectedly act as an impetus for women to talk more frequently about their problems with friends, family members and/or other women who have experienced similar traumas. As we predicted in our second hypothesis, felt stigma did statistically significantly moderate the relationship between emotional support seeking and the three mental health outcomes. In all three models, higher felt stigma was associated with poorer mental health. Women with low levels of stigma had the lowest levels of depression, anxiety and PTSD as their emotional support seeking increased. As women reported higher levels of stigma, the relationship between emotional support seeking and mental health symptoms weakened such that an increase in emotional support seeking was associated with a smaller increase in mental health symptoms. Though the association was attenuated among women experiencing a higher level of stigma, positive conditional regression coefficients indicated that increased frequency of emotional

support seeking was still associated with higher mental health symptoms among women experiencing across levels of stigma, with the exception of depression.

Emotional support seeking is important to understanding women's social support in relation to mental health and psychosocial wellbeing. Our findings, however, bring into question the role emotional support seeking plays in alleviating mental health symptoms for women who may be experiencing stigma associated with sexual violence as well as mental health problems. Indeed, research pointing to more social support as predictive of increased emotional strain (Johnson & Stoll, 2008) speaks to a "dark side" of social capital (Kawachi & Berkman, 2001). We would want to know more about the feedback women received as a result of seeking this form of support, positive or negative, and the degree to which those reactions served to reinforce existing or introduce new feelings of stigma (see Ullman, 1999; Ullman, Townsend, Filipas, & Starzynski, 2007).

The feelings of stigma reported by women in this study included feeling badly treated by family and community members, feeling rejected by everybody, wanting to avoid people and hide, and feeling shame, worthlessness and detached from others. These feelings are especially troubling when we consider socio-cultural contexts such as eastern DRC in which women rely heavily upon social support from extended family and community members. As they reflect fissures in relationships critical to women's identity, survival, and wellbeing, "reconstituting links to community is critical to healing the injury done by rejection consequent to sexual violation" (Sideris, 2003, p. 722). Byrant-Davis and colleagues (2011) found African American female sexual assault survivors who had more frequent social contact in the last year with others in their

current network were less likely to report symptoms of depression and PTSD. These authors situated their findings “within the framework of collectivistic cultural principles that are articulated by the Afrocentric notions of identity being rooted, shaped, and reflected by connection to others” (Nasim, Corona, Belgrave, Utsey, & Fallah, 2007 in Bryant-Davis et al., 2011, p. 1612), and theorize that social connection is instrumental to rectifying the ruptures created by sexual violence. Indeed, PTSD is often connected to broken social bonds as a result of the nature of the traumatic event, the social consequences of stigmatized reactions, or diminished social networks (Charuvastra & Cloitre, 2008).

Programs addressing these issues in the DRC that operationalize “rejection” as women physically abandoned and living separate from their families may overlook the less visible psychosocial needs of women experiencing stigma and who continue to live at home (Kohli et al., 2013, p. 754). Agencies providing social services with displaced populations may not be aware of the extent to which stigmatizing forces can compound the vulnerability of and lack of support options available to women affected by sexual violence. The resettlement process itself, in which individual women are often selected based on experiences with gender-based violence and status as a single woman, may not adequately anticipate and prepare for the difficulties some women may experience post-resettlement (Wachter et al., 2015). Studies with African refugee groups indicate that both pre-migration and post-migration experiences shape the experiences of forced migrants in receiving countries and impact the establishment of social networks (Stewart et al. 2008).

Service agencies and practitioners working with Congolese communities across geographic locations may not readily see the interplay of social support, stigma and mental health. Even as mental health symptoms lessen, and social networks improve with treatment or over time (Bass et al., 2012; Hall et al., 2014), stigma-related feelings may persist. Indeed, in a related study, we saw smaller treatment effects on stigma from a group therapy intervention than mental health outcomes (Murray et al., in progress). Women may migrate with perceptions and internalizations of stigma across international borders, which then may influence how they forge new connections and the extent to which they access new sources of support moving forward. Further inquiry is required to understand how stigma may be carried into resettlement processes and how these feelings continue, are exacerbated, or cease to influence the relationship between social support and mental health, and the role of social support in women's psychosocial wellbeing.

The growing body of literature on mental health and stigma associated with the experience of sexual violence is instrumental for informing practice, but may not be readily accessed by practitioners working with Congolese women and communities. Efforts to synthesize the literature and translate research into practice would serve the practitioner community working with increasingly diverse communities with complex and nuanced needs across contexts. Research with a broad range of service providers working with communities impacted by war, as well as refugee, asylee and immigrant groups to understand the extent to which they are aware of these complexities and what strategies would best address their questions and needs would be an important step forward in bridging the research-practice divide.

Our findings point to the complexity and potential negative effects of discussing stigmatized problems among women's interpersonal networks, as well as reinforce the importance of availing formal and culturally relevant support options to women. Emerging qualitative research with Congolese women in the U.S. brings into focus the significance of trustworthiness and the difficulty some women have reestablishing trusting personal relationships post-resettlement (Wachter, in progress). Service providers, including healthcare providers, can help identify violence against women and assist women with developing skills, resources, and support networks (Coker et al., 2002). Charuvastra and Cloitre (2008) posit that the therapeutic relationship reflects commonalities with social support and that it may be helpful to conceptualize the therapeutic process as involving the creation of a social bond. Previous studies indicate that group psychotherapy and cognitive restructuring in particular may improve a range of mental health and social outcomes regardless of the degree to which women who experienced sexual violence perceive, internalize and experience stigma in the DRC (Murray et al., in progress, Hall et al., 2014).

Several limitations of our analysis are important to note. As referenced above, cross-sectional analyses do not allow us to draw conclusions about the direction of the relationships under study and the sequence of events among variables are unknown. We examined individual measures relevant to the construct of social support, but we were unable to analyze women's social support as robustly as we would have liked given the focus of the studies from which we drew data. Limitations relate as well to the stigma measure and are discussed in detail elsewhere (see Murray et al., 2015; Murray et al., in

progress). We were unable to distinguish whether the stigma women reported was specific to their experiences with sexual violence, and/or highly stigmatized mental health symptoms. Finally, while the findings offer important insights into complex processes, sampling procedures used in the original studies and the importance of context limits generalizability of findings to women who continue to reside in eastern DRC, those internally and externally displaced, and women resettling or seeking asylum in the United States and elsewhere.

Conclusion

At the time of writing, the current study is the first we are aware of to explore the modifying role of felt stigma in exacerbating mental health symptoms among women who experienced sexual violence. Our aim in producing this paper was to produce insights into the complexity of women's experiences with sexual violence, social support, stigma, and mental health, and spark questions for practice with Congolese and other war-affected populations across a variety of contexts. Our findings indicate that the relationship between emotional support seeking and mental health for women having experienced stigmatized violence is complicated and warrants further understanding. How dynamics examined in this study carry over into women's experiences in displacement and post-resettlement, over time and in context, is of particular importance moving forward. In addition, further understanding is needed regarding the interaction of a range of traumatic events women experience in war and displacement, and context-specific stigmas associated with the psychosocial and mental health consequences of those experiences.

Chapter 3

Social Support Under Siege: An Analysis of Forced Migration Among Women from the Democratic Republic of Congo

Introduction

The impacts of war and displacement on individuals, families and communities are profound and far-reaching. While the destruction of social networks is only one among a myriad of consequences, it reverberates with implications that have not been adequately recognized in the empirical research, or reflected in policy and practice. The association between war-related traumatic experiences and mental health is the dominant paradigm in both research and practice among forced migrant populations in war, displacement and post-resettlement. This focus, however, overshadows how post-migration stressors also impact mental health and well-being (Carswell, Blackburn and Barker, 2011). One salient but underappreciated stressor is the loss and absence of social support. Yet, forced migration discourse rarely focuses adequate attention on the complexity, contextual meanings and lived experiences of social support, including the ways in which those experiences may have particular consequences for women.

Refugee resettlement is the selection and transfer of refugees from a State in which they have sought protection to a third State which has agreed to admit them as refugees with permanent residence status and the opportunity to naturalize (UNHCR, 2011). Neoliberal refugee resettlement policies in the United States focus primarily on economic self-sufficiency, as reflected in the 1980 Refugee Act and federally and state funded services. Employment services are considered paramount to clients becoming

economically self-sufficient within 120–180 days (Office of Refugee Resettlement, 2014), however, in the haste to secure employment attention to social support may be foregone.

Questions arose from previous research (Wachter, Cook Heffron, Snyder, Nwsonwu, Busch-Armendariz, 2016) around how and to what extent women recreate social support post-resettlement, what factors impede or enable their social support, and how women navigate those factors. The social support and forced migration literature failed to provide answers to these questions and to address how the loss of social support may impact women in nuanced ways. These gaps served as the impetus for this study, and shaped the aim of developing theory to explain how women who migrated from the Democratic Republic of the Congo (DRC) recreate social support post-resettlement in the United States.

In 2013, the U.S. government committed to resettle 50,000 refugees originating from the DRC, and has since received over 37,000 Congolese women, men and children (wrapsnet.org). Since 1996, the DRC has endured armed conflict, political and economic strife, and mass population displacement, fueled by a colonial legacy characterized by instability, violence, and systematic extraction of natural resources. By 2016, close to two million Congolese were internally displaced and 450,000 were registered as refugees throughout the region (UNHCR, 2017).

Social Support

Support available through functioning social networks is often categorized into expressions of empathy, love, trust and caring; concrete assistance and service; information, advice, and guidance; and, information for self-appraisal (Gottlieb & Bergen, 2010; Williams, Barclay & Schmied, 2004). The relationship between social support and health is well established in the literature (Barrera, 1986; Cohen & Wills, 1985; Schweitzer, Melville, Steel & Lacherez, 2006; Uchino, 2004; 2009), although questions remain regarding the exact role social support plays. The main effects theory of social support maintains that there is variation in what individuals and groups consider supportive, that the self and social world are interrelated, and the experience of the self is linked to interactions with others (Lahey & Cohen, 2000, p. 36). A symbolic interactionist model of the main effects theory developed by Thoits (1985) emphasized the connection between identity and roles with belonging, self-esteem, and opportunities for growth. People who feel that they are part of a social network may have a stronger sense of identity and more meaning in their lives (Cohen, 1988), and being involved in social networks increases access to social resources such as assistance and support, and may reduce exposure to other risk factors such as loneliness (Ghazinour et al., 2004). Importantly, social support may operate differently across contexts, such as the provision of explicit formalized support in Western cultures in comparison to implicit social support provided simply by means of being around others without addressing a specific problem (Henrickson, Brown, Fouché, Poindexter & Scott, 2013).

The literature demonstrates the role social support plays in shaping the health and well-being of forced migrant populations in war, displacement, and post-resettlement. Social support networks have been shown to foster mental health and prevent various types of distress in the aftermath of natural disasters (Norris et al., 2002). Studies demonstrate the positive role of support provided by family and friends in buffering different types of distress and particularly the role of perceived social support from a person's ethnic community in predicting mental health outcomes (Schweitzer et al., 2006). A lack of meaningful supportive relationships with like-ethnic communities has been linked to post-resettlement social isolation, stress, and mental and physical health problems (Simich, Beiser & Mawani, 2003).

The aim of this study necessitated theory generating research methodology. It called for an interpretive approach that prioritizes the understanding and abstraction of meanings and actions, and in assuming multiple realities, foregrounds the subjectivity of actors (Creswell, 2013). I examined psychosocial processes related to social support from the perspectives of women who suffered the colonial impacts of wars and displacement in the DRC, and ultimately resettled to the United States. The project thus sought to situate the analysis within historical and contemporary processes, attend to the complexity of identity and experience in local and transnational contexts, and resist neoliberal and essentializing discourses of black African women (Wachter, in progress) in line with postcolonial feminist perspectives (McEwan, 2001; Ali, 2007).

Methodology

The study draws expressly from grounded theory methods promoted by Charmaz (2014) and Strauss and Corbin (1998), as well as earlier approaches (Glaser & Strauss, 1967). Originally developed by Barney Glaser and Anselm Strauss, grounded theory methodologies seek to generate theory of psychosocial processes grounded in participant data and relevant to practice in applied fields (Creswell, 2013). To examine meanings of social support as constructed by interactions between women and shifting environments, I used an interpretive approach to foreground meanings of social support in particular times and spaces - pre-displacement, war and displacement, and post-resettlement. A theory emerged inductively that explains processes shaping women's social support post-resettlement, and thereby answers the question: how does social support work across time and space in forced migration? I conducted the research with the assistance of a refugee resettlement agency and language interpreters.

Recruitment

Agency staff recruited adult women from the DRC who immigrated to the United States through the Refugee Admissions Program. Additional participants joined the study through referrals from women who had already participated. Using a purposive sampling approach, recruitment processes sought to procure a demographically varied sample with regards to time in the United States, marital status, and primary language. Procedures included informing each woman that they would receive \$25 in cash in appreciation of their participation.

Participants

Table 5 provides details pertaining to participant demographics. All participants claimed the DRC as their country of origin and had been registered as refugees in various countries by the United Nations High Commissioner of Refugees (UNHCR). The women who participated in the research (N=27) were on average 35 years old. Participants had an average of five and a half years of formal education, and twenty women reported being currently employed and 15 were working full-time. All participants were current residents of a mid-size town in Texas characterized by a vibrant faith-based and service-oriented civil society, and a growing immigrant community.

Table 5. Participant Demographics

Age	
18 – 29	6
30 – 39	14
40 – 50	6
>50	1
Years of formal education*	
0	2
1-5	8
6-12	12
>12	1
Marital status	
Married, living together	16
Married, living apart	2
Divorced / separated	3
Widowed	2
Single	4
Children, currently living with*	
0	3
1-3	6
4-6	9
≥7	7
Main language spoken at home	
Kinyamulenge, Kinyarwanda, Kirundi	18
Kiswahili	7
Lingala	2
Year fled DRC*	
1994 – 1999	7
2002 – 2005	6
2008 - 2011	9
Refugee camp in displacement*	
Yes	15
No	8
Time in U.S.*	
<1 year	3
1-3 years	16
>3 years	7

*missing data

Data Collection Procedures

Interviews with participants took place between May and October, 2016. Based on participants' preferences, interviews were held in a private room the agency provided or in their homes. Twenty women participated in a single interview, and I met twice with seven participants. The average duration of each interview was approximately one to one and a half hours. I conducted interviews in participants' preferred language⁶ with the assistance of four language interpreters, three women and one man, all of whom originated from the DRC or neighboring countries. One female interpreter assisted me with the majority of interviews. Audio recordings of all interviews were professionally transcribed and I reviewed them for accuracy.

Interviews began by me inviting participants to talk about themselves and asking questions to gather basic information regarding participants' backgrounds and migration experiences. I employed a semi-structured interview guide (see Appendix 1) that evolved over time to query women's processes related to social support over time and in varying contexts. At the end of each interview, I asked women to share their thoughts about the interviews.

Protection of Human Subjects

The University of Texas at Austin Institutional Review Board reviewed and approved the research. Approved guidelines informed how the agency recruited and protected the identity of participants. All participants gave informed consent to take part

⁶ Languages included Kiswahili, Kinyarwanda, Kirundi, and French.

in the study and audio-record their interviews. Each interpreter signed a confidentiality agreement, which was explicitly stated during informed consent procedures with each participant.

Data Analysis

Using an iterative approach, I intermittently collected and then analyzed data, which in turn informed subsequent data collection. I analyzed interview transcripts in small batches following each data collection activity to develop codes, explore emerging theoretical directions in the data, and inform changes to my interview guide over the course of the study. Following each interview, I took immediate notes and wrote memos following each interview to capture context, “feel”, and nonverbal cues, as well as my preliminary reflections. Instrumental to the methodology, memoing techniques captured my thinking, analysis, and personal reactions throughout the analytic process. I employed diagramming techniques to examine emerging theoretical directions and relationships between categories.

Charmaz (2014) calls for two phases in coding using comparative methods: first, line-by-line coding for interrogating data, and second, focused coding to analyze substantial amounts of data using the most salient and/or frequent categories to raise the conceptual level of the analysis to a theoretical one. In two batches of five and four interviews respectively, I conducted line-by-line coding and grouped concepts to produce provisional focused codes based on participants one to five and six to nine. Comparing and contrasting categories, I merged and refined a master list of provisional focused

codes based on participants one through nine. Subsequently, I applied these codes to participants ten through twenty-seven, during which I modified and identified emergent codes. I then tested and applied these refined focused codes on participants one through nine. Finally, as I completed the focused coding process I examined relationships between categories for model building. Memoing, as well as an iterative and comparative approach to coding, allowed me to systematically compare dimensions and properties within and across categories, assess for thematic saturation, and evaluate categories salient for theory building. I conducted my initial line-by-line coding in Microsoft Excel and Word (2010), and I used a qualitative data analysis software program (NVivo, Version 11) to conduct focused coding and manage data in all subsequent analyses.

Rigor

The study adhered to procedures to build rigor in qualitative research as outlined by Creswell (2013). I went to the study site eight times over the course of eight months and formed relationships with interpreters and agency staff. The rapport that interpreters and I were able to establish with many participants generated rich description on topics of a sensitive nature. To establish transparency, I documented all major activities and decisions in a detailed audit trail. To ensure my background, previous research, and preconceived notions did not compromise the integrity of the analysis, I practiced reflexivity throughout the analytic process (Gringeri, Wahab, Anderson-Nathe, 2010). In addition to these quality checks, Armour, Rivaux and Bell (2009) advise attending to

inherent vulnerabilities in any study. Due to language constraints, I was unable to communicate directly with participants. Recommendations for cross-language research include making explicit the role of interpreters, level of language competence, and identities (Squires, 2009). I met with language interpreters to discuss roles, data collection procedures, the interview guide and key constructs, expectations regarding confidentiality, and compensation. To ensure methodological adherence, I worked with experts to review my procedures and analysis, and employed constant comparative methods, focused all processes in theory-building, and grounded all categories in data (Corbin & Strauss, 2008). The relevance of member checking in grounded theory studies is contested due to the degree of abstraction for theory development (Glaser, 2017), and I instead validated elements of my findings during an additional set of interviews I conducted with key informants and community stakeholders (not reported here).

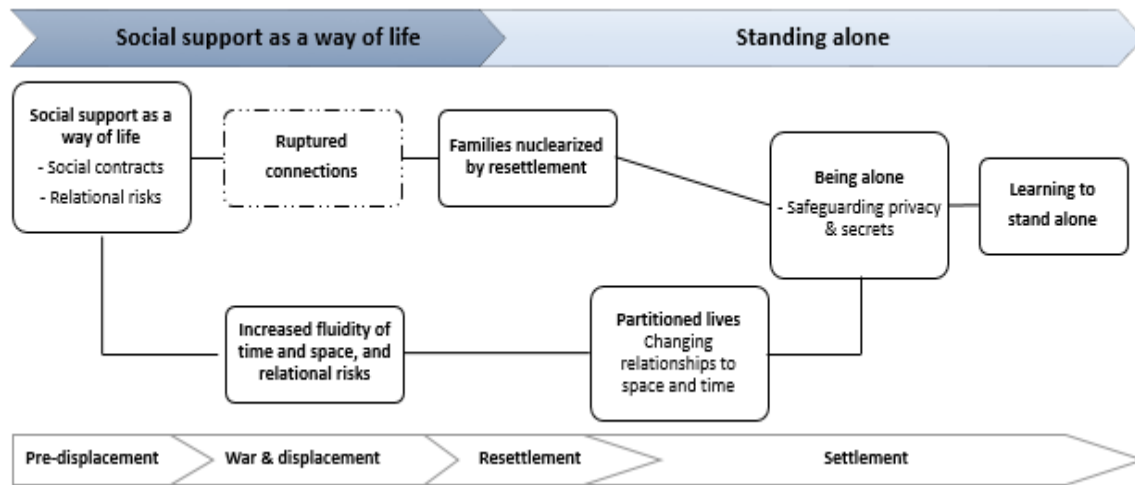
Results

In this section I first provide a synthesis of the theoretical model illustrated in Figure 1, highlighting linkages between interrelated categories over time and space from pre-displacement to settlement. This overview is followed by an explanation of categories salient to the model grounded in participant data. The lived experiences of those categories and processes are of course not as discrete and linear as the figure depicts. All names that appear in the text are pseudonyms.

Summary of a Psychosocial Process

Women's transition from *social support as a way of life* to *standing alone* explained a psychosocial process unfolding over time and space, whereby the past informs the present, and structural, interpersonal, and individual factors are at play. Women originating from the DRC came from contexts in which *social support was a way of life*, and women upheld *social contracts* to safeguard privacy and faced *relational risks* if they did not. War scattered families and sundered community, resulting in *ruptured connections*. Fluidity between public and private spheres, and relational risks were amplified in displacement, especially for those in camps. The resettlement process to the United States "*nuclearized*" families, further downsizing women's most trusted networks and sources of support. Upon arrival to the United States, women experienced *partitioned lives* through *changing relationships to space and time*, which contributed to women *being alone*. Despite the dramatic change in context, women continued to *safeguard privacy and secrets*, and be apprehensive of becoming the subject of gossip. Converging processes propelled women towards *learning to stand alone*.

Figure 2 – Processes Involved in *Learning to Stand Alone*



Social Support as a Way of Life

To appreciate the implications of processes taking place post-resettlement, it is important to understand the dramatic transition that took place in how women experienced social support in the past. For women originating from the DRC *social support was a way of life*, characterized by nested and fluid realms of living and support, and reinforced by relational values that promoted interdependencies, reciprocity, and maintaining relationships. Women described living with the feeling and expectation that the people around them would help and provide valued support, and could recall both quotidian and extraordinary examples to this effect. Some women, however, seemed to struggle with the challenge of describing a phenomenon that “was just how it was.” Pinpointing individuals or specific relationships was also challenging for some women, as they explained that “there wasn’t just a person” to whom they could turn, but many.

The picture women painted was that in this way of life they were never quite alone, but rather were surrounded by family and community with whom they continuously interacted and coexisted. Many daily activities took place outdoors, in the open, and in close proximity to one another. Families took specific measures to maintain privacy to counteract the fluidity of space and ease with which information could flow. Although ways of life and social networks were seriously disrupted and ruptured as a result of war and displacement, *social support as a way of life* still continued in displacement and encampment.

Social Contracts. Social contracts refer to commitments women revealed with regards to preserving the sanctity of what is deemed secret or private. Many women spoke in explicit terms about what they can and cannot share with others, with the understanding that there were social consequences for doing so, such as becoming the target of gossip or worse. These social contracts were likely rooted in long standing cultural practices and norms that predated the wars and served to maintain privacy in an otherwise very fluid existence, in which extended family and community interact and readily share information and news with one another. Expectations and rules around what women can and cannot divulge exist across groups identifying as Congolese but some groups may have more explicit and prescriptive expectations than others. As Gracia explained,

There are things that can happen indoors that you cannot go tell anybody outside.

The way we grew up, our culture was teaching us there are secrets that you have

to keep in your heart, not tell anybody else outside. Things that happen to you and that hurt you, you have to live with inside your heart, not reveal it outside.

Relational Risks. Across the sample women spoke about the risks involved with sharing personal matters or secrets outside established trusted connections (often immediate family). The most commonly cited risk was becoming the target of gossip, which could have a range of consequences from being hurtful to fighting and disharmony, and to becoming marginalized by the community. These risks appeared to be a downside of *social support as a way of life*, which had always existed but were amplified by life in the camps due to overcrowding, joblessness, and even more frequent social interaction. As Christine shared,

You can go to somebody and talk to somebody and tell them your story or your problems or you can lie to yourself and think that this person is trustworthy and that you can say something about your private life, but this person can go and talk to somebody else, and then to somebody else and then you find your story gets around. There you can come back and start fighting and that's not a good thing.

Ruptured Connections

War, displacement, and resettlement processes systematically ruptured interpersonal connections through which social support was sourced and exchanged. Ruptures resulted in constricting networks and loss of support, and ultimately led to the experience of *being alone* on various levels post-resettlement. Examples women recalled

about important people in their lives were inevitably interwoven with devastating loss associated with war and flight. The most common ruptures were related to death and separation from loved ones. The losses women experienced and mourned were palpable. Women's memories highlighted the deep attachments they had to parents in particular, the degree to which they valued and relied on their counsel and practical support, and how powerfully they felt the loss of those relationships and sources of support. Living with the unknowns of loved ones who were missing but not confirmed dead or alive was especially painful.

Post-resettlement, women maintained frequent and close transnational contact with husbands, parents, children, siblings, and other loved ones who remained in the DRC, in camps, or elsewhere. Connecting with loved ones was a source of joy, as well as a painful reminder of the gulf separating them indefinitely. Elisée described speaking daily with her husband. "Sometimes I end up being sad, sometimes we end up laughing, but we always say to each other that one day we will meet". When women maintained hope that they would be reunited with their most cherished loved ones, it was with a stoic optimism reinforced by prayer and spiritual faith that allowed them to look forward with resolve despite the low likelihood of reunification. For Gracia, being reunited with her mother would mean being free to be her whole self again. "My heart is not at peace, and I'm feeling like I'm not as I would have been if I were with my mom".

Families “Nuclearized” by Resettlement

The resettlement process itself resulted in splitting up, downsizing, and in effect “nuclearizing” families into “cases” for purposes of resettlement. Marie Jeanne explained that

[I]n this process to resettle, whenever you are married you are no longer in your family with your Mom and Dad. You have two different families. We were together [in the camp] and they divided our family. So we came and I don’t know until today why they are not here yet.

Numerous women described leaving parents and other family members in the camps, only to be resettled with a spouse and children, or as single mothers with their children. At the point of resettlement women experience a dramatic constriction of trusted networks and availability of support.

Partitioned Lives: Changing Relationships to Space and Time

In resettling, women left one way of life characterized by fluid boundaries between home and community spaces and consistent social interaction, and upon arrival to the United States were presented with a dramatically different way of relating spatially and socially. Handed the keys to their new homes by resettlement agency staff women discovered a new way of life, partitioned by walls and a locked door. They were confronted by a new social world order in which people lived individual and seemingly closed off lives. Morisho for example, described moving to a house with cheaper rent. “...The place where I am now, nobody comes out. Sometimes you can see one person

going down [the street], just saying hi.” Women described stark differences in how people lived: neighbors left their houses, got into their cars, drove away to work, and then came back at a later time - activities curiously devoid of any social interaction or acknowledgement of their existence. Certainly, some women described having hospitable neighbors who extended themselves even if communication was limited, but this was the exception to the rule especially for women placed in a house versus an apartment complex due to the size of the family. For some, partitioned living seemed to bring some element of relief of not having to socialize and reinforced their sense of safety.

Post-resettlement, women experienced a significant shift in how they relate to time. Before, social support was a way of life in part because of there was ample time for frequent social interaction. While seeing to the daily survival of their families in the camps was time and energy consuming, fluidity of time was amplified in the camps as a result of not having fields to cultivate or regular employment. To the contrary, life in the United States forced a dramatic change in women’s relationship to time through countless appointments required by the resettlement process, strict work and school schedules, and due dates for paying (dreaded) bills. As a result, women described not having time to socialize or connect. Evelyne captured these shifts in her description of life in the camps in comparison to life post-resettlement:

...in the camp, nobody went to work. We just woke up and sat there. We visited each other however we wanted. Here my neighbors, they wake up, they go to work, they come back, they are busy in their house, nobody cares what you’re doing. Before I got a job [here], I used to sit alone with nowhere to go. But now,

I go to work, my neighbor goes to work; we hardly get time to visit each other.

There's no time now.

For women left alone time dragged without the company of others over the course of the day. Furthermore, daily tasks women performed in the DRC and the camps such as farming, washing clothes by hand, walking long distances to collect firewood, collecting water, and food preparation were both time and labor intensive. In contrast, women post-resettlement did their laundry at home or waited until somebody could drive them to the laundromat or store to do the shopping.

Being Alone

In stark contrast to life before resettlement, women experienced being alone from the inside out and perhaps for the first times in their lives in the United States. Women attributed a range of meanings to *being alone*. Women described being alone as a result of no longer being surrounded by family and community who will help you with your problems and feeling alone with handling those problems, many of which they faced for the first time in the United States such as not having somebody to watch your children and having bills to pay. Facing an eviction notice and awaiting her first paycheck, Belinda, a single mother of five, described feeling overwhelmed and alone by the pile of laundry “filling her apartment” and not being able to find someone who could take her to the laundromat. Elisée described the burden she felt raising her children alone, providing for three children on a single low wage income, and unable to fill the gap her children felt due to their father's absence. Annette described how alone she felt when her schedule at

work changed and she was now missing work because she could not find somebody to watch her child, “I feel like there’s nobody around”.

When social support was a way of life a person could leave children with family or neighbors, not necessarily even having to ask for their help as support was assumed and reciprocated. Both married and single women ached for mothers left behind who would normally be helping with childcare and other household responsibilities. In recognizing the support lost through ruptured connections, women felt in essence alone. Even women who described having strong social networks post-resettlement would reveal that deep inside they felt alone. Despite the fact that Marie Jeanne described a husband she considered her best friend and having rebuilt a robust network of people to whom she could turn for support, “I feel like I’m alone here. I’m far away from my family, so that’s how I feel sometimes.” In a similar vein, Olive revealed how having been separated from her immediate family, first by how she was married at the age of fifteen, and then as a result of war, displacement, and resettlement to the United States, she lost connection to her most trusted relationships. In the midst of a large family and vibrant social life, Olive considered herself “alone on my own”.

A small number of women described “learning to stay alone” (Christine), meaning to stay home with the family, not pursue a social life or finding new trusted friends, and feeling contented in doing so and not lonely as a result. Sylvie explained feeling peace with being left alone to manage her life, “My life here is better because just being here, you get work to do. You get a job once you get here. You are able to work,

and you are given food stamps so that you can buy food for the kids, and on top of that, you come and you close your door, you sleep peacefully”.

Some women experienced being *left alone* and confined to their home for hours on end, maybe with a nursing baby or toddlers while older children were at school. There was something palpably detrimental underway for women in their first year who were regularly left alone for sustained periods of time during the day. Women described being inactive, “just sitting and sleeping”, not leaving the home (for some due to fear), and cut off from contact with the outside world for hours at a time. Some women complained of muscle aches and pains that they attributed to being physically inactive. Being alone without distractions also meant “getting lost in those thoughts” about what they had endured and lost, the challenges and hardships they currently faced, and the loneliness they felt. Viviane described, “When you are alone, you think a lot. I was thinking it’d be better for me to go where I can find people to speak with, to laugh with, and *to feel alive*”. For those with school aged children, the end of the school day and their return home marked the end of loneliness, only for the cycle to start again the following day. It was only when Belinda had emerged from this period that she could describe what was going on for her in her first year: “When I was staying home, I was only sleeping. There was nothing else to do, and no one to talk to. I was just spending all my day sleeping.” She explained that going to work

...changed my life. I’m thankful but can’t describe it. We’re more connected and are happy together [at work]. We have lunch together. When someone is sick, we’re worried about that person.... When I was not working, by the time the kids

got out of school, I felt tired, and I didn't do anything, and I was feeling lonely. I don't feel that loneliness at work.

Christelle spoke about feeling left behind and envious of others who went to work, and clearly stressed by the fact that she was not contributing to the household income. She described rarely leaving the apartment.

Some days, when my kids are from school, I can take a walk outside. Not far, just walking here. But I wish I could just cross the road going, for instance, to Dollar Tree and start moving. But I see that I cannot do that because of I will not be able to cross the road with these cars, which are moving fast. And I'm afraid of being knocked over with a car.

It is important to juxtapose Christelle's fear of venturing out, and general lethargy, with her having fled the war and traversed international borders by foot, and leaving her family at a young age to take care of herself. While in the refugee camp, she attended to her business during the day while her husband looked after the children, and then swapped responsibilities when her husband would go to work upon her return. Now in the United States and motivated to learn English, she felt unable to attend English classes at the agency, which was in close proximity to her home. Similar to other participants, Christelle concluded the interview by expressing thankfulness for the conversation, "I was not used to have people visiting and sitting with people for this much time. But now, I was lucky to have people to speak with and discuss".

Safeguarding Privacy and Secrets. Women continued to carefully safeguard their privacy and secrets post-resettlement in recognition of the risks associated with

failing to do so. As connections ruptured and social networks constricted, women lost access to their most trusted loved ones. Women described needing time, even a lifetime, for establishing trust with someone. Women described that only by going through life with someone can you truly get to know someone's character and trustworthiness. Therefore, trusted relationships were difficult to replicate later on in life. Furthermore, how life is structured in the United States only allows for short moments to get to know someone and assess whether a person is trustworthy or not.

Women expressed different thresholds for taking risks to trust again. Some women accepted this as "that's life, that's war" and seemed content or resigned to not take the risks involved to confide in others. Other women tried confiding in someone who then did not keep their secret, and decided not to try again. Others yearned for a confidante and found themselves devising strategies for assessing trustworthiness, all of which involved time. Starting anew with (re)establishing social connections post-resettlement women took careful measures to determine who they could trust and with what level of sensitive information. Secrets women alluded to or shared in confidence related to what was happening at home and within their marriages (i.e. problem drinking, financial tensions), as well as experiences that were highly stigmatized.

Learning to Stand Alone (Core Category)

As part of the psychosocial process taking place over time and space, *standing alone* is also where women land or arrive as they find their footing and emerge from their first one to two years in the United States. Stripped of the social support that was once

defined as a way of life, women moved towards a reliance on self that revealed resilience, ability to adapt over time, and perseverance on the one hand, and the varying degrees to which they stand and feel alone as individuals in the wake of loss and ruptured connections on the other.

As a complex process with variation in interpretations, women explained the notion of *learning to standing alone* in terms of learning through adversity and being alone “here” in comparison to “there” where they were surrounded by other people experiencing similar hardships. Through adversity, women explained learning to be strong, patient, and to look forward. Reflecting on the circumstances she had survived, Claudine explained, “Another thing I learned from these situations, I just know how to stand on my own, to work hard and not expect things to come from outside”. Women spoke about coming to accept that they have to rely on only “myself to fix my problems”, learning to help one’s self and not expect help from others. Solange explained, “Only God takes care of me. There is nobody. But God is taking good care of me”. Women, particularly those who were single parents, felt the full weight of responsibility for taking care of themselves and their families. Viviane explained, “I have a big responsibility. If I don’t work, I will not be able to take care of myself...pay rent...send money back to Congo... I count as number one in everything. I have to be the first responsibility.” In becoming “number one”, singular, this feeling of responsibility included the dire necessity of taking good care of themselves so as not to become sick, as there was no one who would take care of them. Standing alone was also encapsulated in women’s intentions and motivations to become as independent as possible, for example, being able

to speak for themselves without the use of interpreters. In moving towards *standing alone*, women foregrounded existing trusted relationships, connection to and faith in God, gratitude for being safe and opportunities to educate their children, and a stoic sense of optimism for the future.

Discussion

This study examined psychosocial processes related to social support from the perspectives of women who originated from the DRC and endured the impacts of war and displacement, as well as resettlement. The analysis revealed the transformation of social support for women over time and space, spurred by structural forces and marked by loss. Women described previous ways of life characterized by reciprocal and dependable sources of support available through nested spheres of trusted family and community networks. This way of life, and therein a steady exchange of social support, was violently impacted by war and displacement, as well as by resettlement to the United States. By resettling, women were again separated from family and community, for some as a result of humanitarian resettlement policies. The changes in environment and ways of life women experienced in resettlement were perhaps the most dramatic over the course of their journeys, with specific implications for (re)locating themselves, internally and relationally. A theoretical model emerged explaining pivots in the internal lives of women, and their relationships to time, space, and self, as social support constricted. The inquiry into social support served to highlight the extent to which resettlement, following war and displacement, is a life altering event that sets into motion psychosocial processes

with implications for wellbeing and health. I examine these issues here in more depth to explore theoretical contributions, and implications for research and practice with women in forced migration.

The coveted opportunity to resettle to a third country generates hope and euphoria among those resettling, humanitarian workers orchestrating the process, and the agencies, faith-based groups and communities welcoming new arrivals. Against the backdrop of growing anti-immigrant sentiment, the positive associations with resettlement for those directly involved may inadvertently overshadow the progressive disconnections in women's lives set into motion not only by war and displacement, but also by resettlement. In addition, the combination of the dominant resettlement-as-solution paradigm and neoliberal foundations of U.S. resettlement policy limit examinations of the psychosocial implications of resettlement and conceptualizations of programming.

U.S. resettlement policies emphasize economic self-sufficiency, self-reliance, efficiencies, and reducing dependency on the state. The psychosocial process that emerged from this study seems to indicate that neoliberal policies are doing their intended work. The individualism promoted in U.S. resettlement policies enacted through government funded services and compounded by societal forces associated with partitioned lives and changing relationships to time and space can further impede relational processes integral to reestablishing social support post-resettlement. Neoliberal individualism can also undermine structural analyses of women's experiences (Goodkind, 2009), and contribute to their invisibility. On the surface, women *learning to stand alone* may reflect mainstream American values and norms of independence and self-reliance, as

well as the social isolation many experience as unexceptional in modern day America (Parigi, & Henson, 2014). In this respect, women arriving at learning to stand alone may be perceived as becoming American, with pressures to foster self-sufficiency overshadowing the repercussions involved. This serves as a reminder that post-resettlement outcomes, such as economic self-sufficiency, need to be understood within historical and transnational contexts, including the violence and loss associated with forced migration. As such, the findings highlight the importance of going beyond the U.S. economic self-sufficiency discourse in policy and practice to consider less visible concerns.

Women standing alone may serve to mask the various ways and degrees to which women feel and are alone. Women who were homebound, physically inactive, and alone for regular and sustained periods of time - due to unemployment, pregnancy, caring for young children, and other reasons - expressed difficulties managing boredom, keeping troubling thoughts at bay, lethargy, and staying awake. The isolation and inactivity some women described were especially troubling when juxtaposed with the interconnectedness and collectivism associated with daily life pre-resettlement. The health and mental health implications of social isolation are established in the literature (Hurtado-de-Mendoza, Gonzales, Serrano, & Kaltman, 2014; Cacioppo & Hawkley 2003), but not adequately addressed in post-resettlement research or practice. Evidence suggests that social support during the initial post-resettlement phase is particularly important, but has not been adequately acknowledged by or applied to refugee resettlement programming or policy development (Stewart, Simich, Shizha, Makumbe & Makwarimba, 2012). U.S. policies

driving resettlement services do not lend themselves to addressing social support over the course of the first one to two years when women may be most at risk of isolation and loneliness. In addition to the time pressure to complete myriad of post-resettlement tasks, women resettling with a male spouse or who are otherwise not named as the principal applicant for their family may have limited direct contact with a case manager (Wachter & Donahue, 2015). Adding complexity to the argument for going beyond the economic self-sufficiency paradigm, employment emerged as a possible protective factor against isolation and inactivity. This finding warrants further study of psychosocial dynamics and mental health outcomes associated with employment, dynamics preventing women from going to work, and support for women who are not working outside the home.

Implications

Considering resettlement through the lens of social support provides alternatives for conceptualizing policy and practice. Professionals and volunteers welcoming and assisting new arrivals may not be aware of the extent to which health and psychosocial wellbeing are impacted by the loss of resources embedded in relational networks. These findings, therefore, can inform training and orientation efforts for staff and volunteers to deepen understandings of women's experiences, an appreciation for the role of companionship in programming, and meanings of provider-client connections. The importance of maintaining confidentiality and the time involved in building trust for lay and professional providers should not be underestimated. The findings also highlight the need to carefully assess for isolation and viability of social support networks, even in

contexts perceived as having strong supportive networks in place. Community-based initiatives to welcome and regularly visit newcomers should be encouraged and replicated. Psychoeducation for faith and community leaders would be beneficial for increasing awareness of psychosocial and mental health concerns. Going beyond cultural competency, a relational-cultural approach that foregrounds interdependence and contextualism compatible with more collectivist values (Frey, 2013) may be helpful in informing frameworks for service.

Future research should contribute to developing comprehensive understandings of sources and amplifiers of stress and distress affecting women (and men) across groups, and conceptualize and evaluate concurrent and integrated “modalities for intervention both psychosocial and therapeutic in form” (Miller & Rasmussen, 2014, p.37). The evidence base available for developing efficacious psychosocial interventions in particular merits attention (Neuner, 2010). Agencies struggle to recruit and engage women in psychosocial programming over time due to competing schedules, transportation, childcare, and other obstacles. The most vulnerable, of course, are less likely to attend psychosocial programming, and it is important to assess who may be falling through the cracks. Finally, while elements of the theory may resonate among women originating from different African contexts and beyond, similar studies across groups are warranted.

Limitations

A number of limitations are worth noting in addition to inherent vulnerabilities explored above. While the threshold of 25 participants has generally been shown to be adequate for saturation (Guest, Bunce & Johnson, 2006), it is important to acknowledge that this emergent theoretical model will benefit from ongoing research. Generalizability is not an aim in qualitative research, and the findings should be understood within those parameters. A single outsider researcher increases the possibility introducing bias into the study, and the study would have benefitted from a multi-person team with a variety of backgrounds. Finally, it is important to acknowledge again the important role language interpreters played in the study, and whose varying skills helped to shape the data generated for analysis.

Conclusion

Reframing resettlement through the lens of social support shifts how we think of needs and services, and calls for further attention to factors sparked by war, displacement, and resettlement to understand and address stressors impacting psychosocial wellbeing and health. The findings reinforce the importance of invoking the past to understand the present with women whose experiences with social support reflect complex journeys. They also point to the role of longitudinal research moving forward. While these are profoundly personal processes, their lack of visibility may negatively impact women's access to support options and services.

Chapter 4
Theoretical Applications:
Toward a Practice of Centering Subjectivities of Women in Forced Migration

Introduction

You find yourself a refugee.

You have been translated. Who translated you? Who broke your links with the land?

In moving, your life has come to a halt. Your life has been fractured, your family fragmented.

You are the intruder. You are untimely, you are out of place.

You have become an object in the eyes of the world. Who is interested in your experiences now, in what you think or feel?

(excerpts from Young, 2003, p. 9-12)

In the process of fleeing war and persecution people are invariably reduced to objects en masse, and the possibility of their internal realities, feelings and perspectives--their subjectivity--is denied. Those fleeing are reduced to bodies to be fed, sheltered, and managed. Countries rush to pass legislation to deny them entry, erect fences, contain them and send them back from where they came. The media confronts us with endless images designed to demonstrate the negative consequences of uninvited bodies flooding into neighboring countries and beyond. The surrounding political rhetoric obscures the humanity of people fleeing and avoids confrontation with the personal consequences of dislocation. In our roles as practitioners and researchers, we can become anaesthetized to human suffering in the search for solutions to an often overwhelming and increasingly politicized "problem". As a consequence, we may fail to examine ways

in which policies and practices exacerbate internal and relational disconnections that people experience as a result of forced migration. In the necessary rush to efficiently respond to their presenting practical needs, we lose sight of subjectivities—where people came from, what they gave up, what they think and feel, who they are becoming, and their sense of belonging. In this paper, I focus on the implications for women whose experiences with forced migration have been constructed in particular ways.

With over 65 million people displaced worldwide, forced migration is a global reality with local implications (UNHCR, 2015a). According to the 1951 United Nations Convention, refugees are those who flee their countries of birth because of a well-founded fear of persecution due to race, religion, nationality, membership of a particular social group or political opinion (UNHCR, 2011). A global refugee regime responds to the consequences of forced migration, comprised of institutions, United Nations agencies—particularly the United Nations High Commissioner for Refugees—international and local nongovernmental organizations, laws, and norms (Barnett, 2014, p. 243). While most displaced persons remain in their regions of origin (often in neighboring countries), just less than one percent of refugees registered worldwide by UNHCR are considered for resettlement to a third country.⁷ Prior to 2017, approximately 70,000 refugees from around the world resettled in the United States per annum via the U.S. Refugee Admissions Program. U.S. refugee resettlement policy is focused primarily on economic self-sufficiency, as reflected in the 1980 Refugee Act (Office of Refugee

⁷ The United Nations High Commissioner for Refugees (UNHCR) was mandated by the UN General Assembly in 1950 to ensure the protection of refugees and their access to “durable solutions”: voluntary repatriation to their country of origin, permanent settlement in their current country of asylum or resettlement to a third country (Loescher, 2014).

Resettlement, 2012 [1980]). Neoliberal ideals associated with cost-efficiency, self-reliance, and individualism explicitly underlie U.S. refugee resettlement policies and government funded services, which agencies augment with a variety of support from community-based volunteers and faith-based organizations.

This paper seeks to contribute to a body of work that lies at the intersection of related theoretical and empirical research and practice (McEwan, 2001; Mehrotra, 2010; Deepak, 2014; Wahab, Anderson-Nathe, & Gringeri, 2015). I argue that postcolonial feminist and African diaspora theories bring to light facets of experience in forced migration, in particular those relating to internal and relational processes, which have implications for practice and research with women resettling in the United States and beyond.⁸ Empirical elements of a broader project that explored experiences of women in forced migration through social support informed this paper (Wachter, in progress; Wachter et al., in progress), as well as my practice background. Over the span of a decade, I lived and worked as a humanitarian aid worker in contexts impacted by war and forced migration in West, Central and North Africa, and in this role, I engaged with and resisted certain structural processes I critique in this paper. I self-identify as a white woman and first generation born American citizen. Revealing author positionality is integral to the theories I explore in this paper, as it makes transparent the identities, experiences, and commitments that have shaped this work.

⁸ Practice here relates broadly to include all aspects of services, programming, organizing, advocacy and policy making central to the discipline of social work and relevant as well to other fields of practice.

Postcolonial Feminist and African Diaspora Theories

Postcolonial feminist theories offer an intersectional analysis of social identities and related systems of oppression tied to geography, and contemporary and historical political, economic, cultural, and technological structures. Postcolonial feminist writer Chandra Talpade Mohanty explains:

...cross-cultural feminist work must be attentive to the micropolitics of context, subjectivity, and struggle, as well as to the macropolitics of global economic and political systems and processes... the definition and recognition of the Third World not just through oppression but in terms of historical complexities and the many struggles to change these oppressions. Thus I argued for grounded, particularized analyses linked with larger, even global, economic and political frameworks (Mohanty, 2003, p. 501).

Ritu Tyagi describes two key struggles defining postcolonial feminist theory: colonized women's resistance against nationalist discourses that bound female bodies in traditional stereotypes; and, Western feminists speaking for colonized women, irrespective of social, historical and cultural contexts, and overlooking issues of race and class (Tyagi, 2014, p. 49).⁹ The "post" in postcolonialism does not connote a temporal designation in which colonialism is regulated to the past and over with (Hall, 1996), but more accurately reflects anti-colonial commitments in recognition of continuing colonial and neocolonial dynamics and impacts. Postcolonialism critically examines colonizing processes and

⁹ In the 1970s and 1980s, the critique by black feminists revealed the hegemony of white western feminisms that in effect erased histories, contributions and efforts of women of color from around the world by assuming that all women had shared concerns and perspectives, and speaking on their behalves.

impacts, and the production of (post)colonial subjectivities (Fanon, 1988; Bhabha, 1994), within the context of empire and nation state formation. Edward Said's *Orientalism* (1978) developed the notion that the othering of the Orient served to shape the real and imagined existences of those subjected to the fantasy of the Orient—that is, those colonized—and was in turn used to solidify notions of a superior West. Notably, Gayatri Chakravorty Spivak's (1988) critique of the pervasive domination of Western cultures and academia in knowledge production foreground issues of gender and class in global power dynamics (i.e. capitalism) that silence and exploit marginalized women in particular.

The word *diaspora* is the Greek word for "dispersal," and it has most commonly been used to describe the Jewish experience and shared diasporic consciousness. Diasporic consciousness emerges from dispersal from a homeland, often by force or threat of violence, out of which is created a memory and vision of the homeland. The experience of marginalization in the host-land, as well as the commitment to the restoration of the homeland shapes the desire for return. This relationship with the homeland in turn shapes the identity of the (dispersed) group (Safran, 1991, p. 83 - 84). The notion of the black and/or African diaspora emerged in the 1950s and 1960s, and led to a new discourse of black social, cultural, and political life (Patterson & Kelley, 2000)¹⁰ tied to the forced exodus of an estimated 12 million Africans through the transatlantic slave trade and their dispersal across the Americas. Since its inception, theorizing the

¹⁰ The introduction of diaspora theory to black studies was originally linked to pan-Africanism and the Africa interest, theorized in the west by W.E.B. Du Bois, John Gibbs St. Clair Drake and others (Edwards, 2001). See Zeleza (2005) for an extensive overview of the extensive history of African diasporic migrations.

African diaspora in the West has been connected to a political project concerned with anti-black racism. As the basis for knowledge production, a black diasporic perspective generates “an ambitious and radically decentered analysis of transnational circuits of culture and politics that are resistant or exorbitant to the frames of nations and continents” (Edwards, 2001, p. 52).¹¹ Defining the African diaspora is complex because it is in essence about identity and community formation (Butler, 2001) by those living outside a real or imagined homeland. As a process, diaspora is “constantly being remade through movement, migration, and travel, as well as imagined through thought, cultural production, and political struggle” (Patterson & Kelley, 2000, p. 20). As a condition, the development of diasporic consciousnesses, identities, and communities is tied to the process by which it is being made and remade situated within global race, gender and class hierarchies (Patterson & Kelley, 2000).

These theoretical bodies of work are informed by overlapping and disparate influences and scholarship, and they have shaped one another over time as evidenced by their shared concerns and questions. They are derived from rich philosophical traditions shaped by Marx, Derrida, and Foucault among others. Much of the development of these theories has taken place in the realm of cultural and literary critique, areas of scholarship not typically incorporated into applied disciplines such as social work. Together, postcolonial feminist and African diaspora theories provide lenses through which to consider the impacts of forced migration on the internal and relational lives of women—

¹¹ The nation-state is understood as an organizing force that is fundamentally anti-black and that engenders a type of interpellation in which white nationalisms are normed and black nationalisms are othered as “egregious...absurd, tragic, deterritorialized... and performed” (Iton, 2008, p. 197).

aspects of experience rarely visible in policy, practice, and academic research. They are particularly relevant when (re)considering the experiences of women migrating from African contexts shaped by legacies of colonialism, and for practitioners and researchers engaging with migrating women in countries with post/colonial legacies and global spheres of influence, such as the United States. These theories share in common a concern with human suffering and the production of identities and communities in light of structural injustices relevant to forced migration and social work research and practice. They analyze and challenge the role and positionality of the academic—analysis that can be borrowed to consider the role of practitioners as well as researchers engaged in serving forced migrant populations, globally and locally. In the subsequent sections, I explore how these theoretical perspectives come together in offering insights into the experiences of women in forced migration.

Constructions of “Refugee Women”

I turn now to examine ways in which these theoretical perspectives bring to light problematic structural constructions of “refugee women”, which have fixed female identities in enduring and particular ways. Spivak (1988) argues that the subaltern female cannot be heard or read because they are denied space in which to speak for and as themselves, and are ignored when they do speak.¹² Thus, the fixed Other, or (post)colonial subject, cannot represent herself, but instead academics or practitioners

¹² The meaning of subaltern in postcolonial studies grew out of Gramsci’s use of the term to “refer to the dominance of one group or class in society over others, achieved not through forced but through the consent of those other groups.” Spivak used “subaltern” to signify “very specifically a group of people whose voice cannot be heard or that are willfully ignored in dominant modes of narrative production” (McEwan, 2009, p. 16).

speak for them. Hegemonic beliefs in the superiority of the West produce reverse images of women in the global South, freezing women in time, space, and history (Mohanty, 2003). Forced migration academics and the international humanitarian regime (as well as the media and other institutions) have historically constructed and responded to “refugee women” as “apolitical and non-agentic victims” or “as weakened, dependent, and vulnerable “womenandchildren”” (Malkki, 1992; Enloe, 1991 in Fiddian-Qasmiyeh, 2014, p. 398). Efforts to highlight ways in which the experiences of women in forced migration differ from that of men invariably resulted in the reduction of complex experiences to the vulnerability of female bodies to sexual violence (Fiddian-Qasmiyeh, 2014, p. 398). These reductions of complex lives and identities to a singular experience encapsulate women as “survivors”, and reinforce fixed categories such as “women-at-risk” and “victim of [sexual] violence” (see UNHCR, 2011). Use of these categories can increase women’s access to services and resettlement opportunities, but take control away from women in shaping how they are represented by their experiences. In efforts to move away from the woman-as-victim paradigm, which nevertheless prevails, models of women’s empowerment have in recent decades sought to highlight diverse expressions of agency in all aspects of women’s lives, even in times of extreme adversity, such as in war and displacement. However, notions of agency can also ironically and inadvertently reinforce essentializing images of racialized brown and black (and Muslim) women - now smiling brightly and claiming their power - as well as mask ways in which oppressive power dynamics are maintained (Madhok, Phillips & Wilson, 2013).¹³

¹³ Paradoxically, concerns with identity construction and representations of difference have been integrated

Freezing the identity of the (black, brown, Muslim and so on) “refugee woman” as victim, vulnerable, and in need of rescue from patriarchy, violence, culture, and religion serves to evoke a sympathetic gaze and reinforce images of a benevolent (majority white, nominally Christian) West. It is worth noting, however, that these images of benevolence have been recently destabilized by a rise in nationalistic anti-migrant sentiment and politics across the globe. With the goal of saving lives and providing protection to displaced persons, the efforts of the global refugee regime can have unacknowledged consequences for all aid recipients, and particularly for women. As humanitarian crises emerge, constructions of refugees and “the refugee woman” reflect the (re)creation of new female subalterns whose voices cannot be heard and are disregarded in dominant modes of narrative production by the academy, the global refugee regime, and the media. These representations give voice to Western experts and the humanitarian regime (myself included) to speak for displaced persons and on the subject of forced migration (Rajaram, 2002; Sigona, 2014). Fixed formulations of “the refugee woman” can, in some ways be beneficial: they help to mobilize fundraising and advocacy efforts in the West to secure basic needs for tens to hundreds of thousands of people, over an indefinite span of time. One-dimensional identity constructions of women as victims and in need of empowerment are thus commodified for the West to help resource the humanitarian endeavor. However, in being granted refugee status,

alongside liberal notions of rational individuals exercising their free will to produce the dominant paradigm of agency in gender and development discourses today (Wilson, 2013).

women relinquish control over how they are represented by these institutions. While their new status comes with obvious benefits, its hidden costs can be substantial.

Constructions of “refugee women” have also served the humanitarian regime to fulfill well-intentioned commitments to promote gender equality across the humanitarian system and increase resettlement opportunities for women (UNHCR, 2015a).¹⁴ The process of identifying and recommending individual women for resettlement relies heavily on “victim of torture and violence” and “women-at-risk” categories and processes that compartmentalize certain aspects of women’s experiences, and assessments that detect but do not seek to mitigate risk beyond post-resettlement (Busch-Armendariz, Wachter, Cook Heffron, Nsonwu & Snyder, 2014).¹⁵ Women go through arduous vetting processes and are invited to participate in the creation of their narratives of risk and victimhood, with the aim of securing the coveted and rare opportunity for resettlement. These narratives, reflecting the most private and personal of experiences, are rehearsed and repeated in detail again and again to discern inconsistencies and fraud based on a culture of disbelief (c.f. Sigona, 2014, p. 374). Such narratives arising from personal

¹⁴ In 2006, UNHCR officially acknowledged entrenched male gender biases in resettlement processes and declared that at least ten percent of all cases recommended for resettlement should be “women-at-risk” (EXCOM Conclusion 105). UNHCR has attributed being on track to meeting gender goals for resettlement to the high percentage of survivors of sexual violence and single mothers among Congolese refugees (UNHCR, 2015b). The problematic definition of “women-at-risk” is, in brief, “women who have protection problems particular to their gender and lack effective protection normally provided by male family members” (UNHCR, 2011, p. 263), and typically operationalized as a single mother, or a woman who was displaced or fled on her own. The category was originally developed to expedite the processing and resettlement of women and girls to ensure they received “specialized care and appropriate support” upon arrival in the country of resettlement (UNHCR, 2011, p. 262).

¹⁵ People registered as refugees are entered into databases used by United Nations agencies involved in the humanitarian response, and can be designated a pre-defined category based on the detection of a particular protection concern. Individuals can thus be called up for consideration should resettlement become an option and quotas be set for those considered members in particular groups or classifications.

experience, and marked by trauma, can all too easily become reinternalized and integrated in potentially damaging ways through retelling (Hajdukowski-Ahmed, 2008). Chimamanda Adichie (2009, no page) suggests, “Showing a people as one thing, as only one thing, over and over again, and that is what they become.” Thus, three-dimensional multiplicity and complexity is flattened into a two- or one-dimensional single story (Adichie, 2009) and is solidified through narration and repetition. This has real practical, psychological, and spiritual implications for women’s identities and their lives moving forwards.

Despite the intent of resettlement categories to inform decision-making around placement and availability of services upon arrival to the resettlement country, the designations under which (some) women resettle seem to evaporate as they cross the Atlantic. Not necessarily distinguishing the global refugee regime from the U.S. resettlement one, women may be perplexed by the sudden lack of interest in the narratives they repeatedly retold in order to be chosen for resettlement when they arrive in Atlanta or Denver or New York. On the one hand, women may feel a sense of relief, and maybe a renewed sense of control over their privacy.¹⁶ On the other hand, women may experience it as disinterest and feel disappointed that they do not receive specialized services based on the focus of their narrative, as was the intention. With the aim of connecting women with relevant resources where they exist, some resettlement agencies conduct screenings for specific experiences and problems reflecting the dominant refugee

¹⁶ Women originating from the Democratic Republic of Congo, for example, have described the desire to carefully safeguard secrets and privacy (Wachter, in progress).

health discourse. For instance, clients may be screened for mental health problems related to traumatic experiences associated with war, but not for social isolation or the grief associated with being separated from loved ones.

Having inhabited amplified constructions of victimhood and dependency during displacement and prolonged vetting processes; women who resettle to the United States are immediately confronted with diametrically opposed expectations of “refugees.” By participating directly and indirectly¹⁷ in resettlement services and programs, all those resettling encounter explicit expectations to become independent, self-reliant, and economically self-sufficient “as quickly as possible” (Office of Refugee Resettlement (2012 [1980]) during a time of immense change and dislocation. Gaining and sustaining employment along with paying bills are the new order of the day. Through the provision of resettlement services, agencies systematically remind recipients that the financial benefits they currently receive will end, and that they will be responsible for supporting themselves, including paying their rent and other bills. By preparing newcomers to survive (and thrive) in America, case managers and other agency staff communicate expectations of self-sufficiency, reliance, and independence reflective of policy. Resettlement agencies impart values of individualism and accountability associated with neoliberalism (Mehrotra, Kimball, & Wahab, 2016) and transfer the responsibility for succeeding and prospering in the United States from the state to the individual. The agencies themselves carry out programming under ever-increasing resource limitations,

¹⁷ Agencies often provide case management services via the adult named as the principal applicant representing the family, who is most often the male “head of household” in heteronormative two-parent households. These practices challenge the notion of “gender neutral” practice, which results in the privileging of men’s access to information and services (Wachter & Donahue, 2015).

efficiencies, and time pressures. Despite intersecting structural and societal forces that will complicate realizations of the American dream – e.g. racism, classism, Islamophobia - the message is that they (alone) hold their futures in their hands.¹⁸ In crossing the Atlantic, women are expected to move from understanding themselves as “victimized” to “self-sufficient” almost overnight.

Internal and Relational Possibilities

Simplistic structural constructions of “refugee women as victims” on one side of the Atlantic, and “self-sufficient refugees” on the other, overshadow nuanced internal and relational processes underway in forced migration. Postcolonial feminist and African diaspora theories shift our gaze from the structural fixed constructions discussed above to imagine what is happening within, below the surface, and the possibilities associated with those processes. Through notions of identity and community formation, the theories bring into focus the complexity of processes at a depth not often considered in research and practice. Engaging with identity formation “as a continuous and relational process rather than a fixed construct” is helpful in understanding identities of women who have been uprooted by forced migration (Hajdukowski-Ahmed, 2008, p. 29). In contrast to fixed one-dimensional constructions, identity and community formation associated with historic events and memories of displacement are conceptualized in African diaspora

¹⁸ This will prove easier for those who are able to recreate anew social support networks based on personal circumstances, individual characteristics, and availability of resource reserves. Opportunities for support will also be shaped by where they are sent, the location of the apartment / house to which they are obligated by the agency for a year, and whether they join a place a worship that is equipped to embrace them in the ways that they need.

theories as in motion, evolving, and inevitably comprising difference and hybridity. Life processes persist under diasporic conditions that challenge not only ways of life but also the meanings people make of life. Stuart Hall explains the diasporic experience as,

[T]he recognition of a necessary heterogeneity and diversity; by a conception of identity which lives with and through, not despite, difference; by hybridity.

Diaspora identities are those which are constantly producing and reproducing themselves anew, through transformation and difference (Stuart Hall, 1994, p. 235).

The meaning and lived experiences associated with diaspora are as much a dynamic process as are the identities that are in continual formation as a result. Identities are fluid and shifting, and are challenged by their increasing multiplicity. They are always in motion, but intensified as a result of dislocation from place and home, loss, and dramatic reconfigurations of self, family, and community. Throughout their journeys, encounters with different contexts, cultures, people, circumstances, and worldviews, serve as a catalyst for identity transformation and give rise to questioning, reacting, and repositioning (Hajdukowski-Ahmed, 2008). In displacement and post-resettlement, structural and societal forces converge to shape identity and community formation, and newfound senses of self. These processes may have implications for the extent to which women are able and wish to forge new connections.

Only when we consider what has come before, historically and contextually, can we glean a better understanding of current dynamics shaping the lives of women. In research with women originating from the Democratic Republic of Congo (DRC), for

instance, women encountered ways of life in the United States, post-resettlement, which fostered disconnections (Wachter, in progress). Juxtaposed with past emphasis on living relationally and collectively in community, women described living amongst American neighbors who keep to themselves in the confines of their homes. Time and trust required to build new connections were scarce commodities in the United States, and women were propelled towards standing on their own to varying degrees. A separate study highlighted the chance that internalized stigma associated with sexual violence in the DRC may carry over into women's lives in displacement and post-resettlement, and shape how women engage with shared language and cultural groups, and beyond (Wachter et al., in progress). The possibility of dynamics described here and above playing out in women's lives post-resettlement is not insignificant, and they are not easily discernable.

The creation of diaspora holds promise for supporting internal processes associated with identity formation, as well as relational processes associated with community formation. African diaspora theory is based on the premise that diasporas form when those with memories of dispersal from a shared homeland create linkages in exile through which communities and shared identities form, new expressions of culture are produced, and political activity leads to liberation. The shared history of dispersal, often traumatic, as well as an evolving relationship to a homeland, binds fragmented communities together in exile. The theory brings into focus not only the promise of cultural production and political activity, but also ongoing possibilities for healing, community, meaning making, and social support. Its premise speaks to the longing for connection to self, place, family and community ruptured by war, displacement, and

resettlement. Invoking Edward Said's writing on exile and belonging, Zeleza writes, "diaspora is simultaneously *a state of being* and *a process of becoming*, a kind of voyage that encompasses *the possibility of never arriving or returning*, a navigation of *multiple belongings* (Zeleza, 2005, p. 41, italics added). The possibility of personhood in its fullest expression and concurrently always in development holds promise for healing, growth and hope – sentiments many women express, notwithstanding the suffering they have endured and continue to live with. The possibility of never fully arriving or returning complicates the notion of resettlement as a process of integration or settlement. The inhabiting of, rather, the vast transnational space of here and there simultaneously, intensifies feelings of distance and separation from loved ones and ways of life left behind.¹⁹ The possibility of multiple belongings holds promise for ultimately relocating oneself, letting go and finding belonging in new and familiar ways, with time. The internal and relational possibilities associated with women's subjectivities are themselves unbounded and limitless.

Centering the Subjectivities of Women in Forced Migration

In the space of continuing dislocation, varied processes for women to internally and relationally relocate themselves becomes a central point of interest in a practice of centering subjectivities informed by postcolonial feminist and African diaspora theories. By centering subjectivities, I mean the process by which the internal realities, feelings

¹⁹ Chicana, transnational, borderland and other critical feminisms explore similar and related concepts in great depth (See Cook Heffron, Snyder, Wachter, Nsonwu & Busch-Armendariz, 2016; Kumsa, 2002; Kumsa, 2015).

and perspectives of women are brought to the forefront of policy, practice and research with forced migrant populations. In bringing subjectivities to the center, these perspectives urge us to situate experiences within historical and contemporary contexts, and become (more) attuned to the impacts of war, displacement and humanitarian intervention on women's internal and relational lives. As Martha Kuwee Kumsa has aptly noted in her work,

Feminist social work practice has been riddled between tensions between micro and macro, person and structure, identity and cohesion...To help negotiate an equitable space and promote social welfare, feminist social workers need an adequate understanding of the reality of the lives of these strangers who have come home to the West. They need an adequate understanding of how strangers negotiate *identity and cohesion* (Kumsa, 2002, p. 472 – 473, italics added).

Chandra Talpade Mohanty similarly compels researchers and practitioners to attend to the “micro-politics of context, subjectivity, and struggle, as well as to the macro-politics of global economic and political systems and processes” (Mohanty, 2003, p. 501).

Postcolonial feminist and African diaspora theories caution against replicating and intensifying existing power dynamics in our efforts as researchers and practitioners. They suggest that, first and foremost, there is a need to understand oppressive processes that came before. When we center subjectivities, the very notion of “refugee” should become an area of interrogation in our work and interactions, in recognition of structural oppressions of the past and how women may have internalized the classifications that facilitated their resettlement. The theories invite us to question how we use the construct

of “refugee” post-resettlement, the purpose it serves, and its impacts. A central question becomes what being a “refugee” means from the subject’s or woman’s perspective, and when and if someone ever stops being a “refugee”. The theories challenge us to examine how the continuation of constructing fixed identities post-resettlement may influence women’s relocations of self – within the self and in relation to others – and explore opportunities for resisting their replication in our work.

In addition to helping women and their families secure fundamental needs, postcolonial feminist and African diaspora theories promote an approach that attends to the needs of women to sustain crucial transnational connections to loved ones “there”, while exploring new possibilities for communities and belongings “here”. Concerned with women’s belonging(s), these theories highlight the importance of listening to how life was and how it has changed as a result of resettlement, and contextualize the significance of experiences “here”; for instance, what it means for women to be, feel, and be left alone (Wachter, in progress). When we center subjectivities, concern with those who may experience (multiple) marginalizations emerges as a priority, as well as those who at the margins lack belonging. The approach promotes nuanced and subject-centered understandings of community, and resists assumptions that everybody finds meaningful belonging, even among communities perceived as active and cohesive. Practitioners and researchers, alike, focus efforts so that those who desire community may receive support in seeking it.

In recognition of colonial legacies and the impacts of war and displacement on rupturing connections and shattering trust, this approach brings into question how

individuals and groups negotiate intersecting identities and experiences that carry over from different contexts associated with home and displacement. The theories challenge us to consider how migrating women are (re)racialized, (re)classed, (re)gendered (etc.) in global and local hierarchies by resettling to the United States and beyond, and how practitioners and researchers may exacerbate or resist essentializing processes in our efforts. Developing deeper understandings of existing fault lines and possibilities for inter- and intra-group discord, we keep assumptions at bay and check ourselves against recreating fixed identities based on nationality, ethnicity, race, religion, class, and so on. In a spirit of informed optimism, we imagine that possibilities for healing, forgiveness, and community will manifest in unexpected ways, and explore openings for new connections.

In appreciation of the impacts of forced migration and resettlement on internal and relational processes, the centering of women's subjectivities stirs us to cultivate a deeper relational approach to conducting research and practice that foregrounds interdependence and contextualism in line with more collectivist values (Frey, 2013). This is not to romanticize or promote superficial notions of collectivism but rather to explore ways of life that women may associate with life pre-resettlement (Wachter, in progress). An intentionally relational approach may help counter social and structural forces underway, particularly in the U.S. context, that rapidly propel those resettling towards an individualism that on some level may be necessary for survival post-resettlement, but can have profound impacts on recovering oneself, internally and relationally. In organizational and societal cultures concerned with maintaining rigid

interpersonal boundaries, a relational approach promotes authentic human connections and makes the boundaries between fixed roles (e.g. provider / client or researcher / participant) more permeable. It means acknowledging the meanings and significance women can associate with those relationships, such as friendship, in the wake of loss and separation from family, community, and place reignited through the resettlement process. It also can bring into focus the growth and enrichment we as researchers and practitioners may experience through more authentic connections, which in and of itself may counteract feelings of burnout when dynamics are constructed as only one-way in direction. A relational-cultural approach, for instance, builds on the premise that meaningful and mutual connections with others lead to the development of self (Miller & Stiver, 1997 in Frey, 2013), which may be beneficial for all involved.

Postcolonial feminist and African diaspora theories inform research with forced migrant populations, specifically, by situating knowledge production within historical and contemporary processes, attending to the complexity of identity and experience in local and transnational contexts, and challenging neoliberal and essentializing discourses of black African women. Linkages with activist and participatory researchers across disciplines can help bring into the center contemporary diasporas traditionally at the margins of knowledge production, in recognition that women resettling as “refugees” from sub-Saharan African are often overlooked as producers of diasporic processes based on positionalities associated with class, race, gender, and language.

Finally, these perspectives add to a growing body of theoretical reflection that challenges and seeks to advance understanding of what constitutes feminist practice and

research within the discipline of social work and beyond (Wahab, Anderson-Nathe & Gringeri, 2015; Wendt & Moulding, 2016). I offer these notions as a complement to existing feminist frameworks that include intersectional analyses of positionalities and systems of oppression, reflexivity, and deep engagement with theory (Wahab, Anderson-Nathe & Gringeri, 2015), critical approaches to cultural competence (Warrior, nd), as well as relevant trauma-informed approaches.

Conclusion

Policy, practice, and academic research contribute to the framing of “refugees” as a static category of people irrespective of their complex histories, geo-political origins, and fluid identities impacted by structural forces. They thus tend to deny the subjectivities of women through the construction of identities that inform who “refugees” are and who they are expected to become. These overarching trends in policy and practice inadvertently both shape and deny the internal and relational processes of women underway in forced migration. Drawing from postcolonial feminist and African diaspora theories brings complexity to understandings of identity and community formation, as well as to the ways in which those processes are impacted by forced migration, and the particular consequences for women. The theories encourage us to center subjectivities in our efforts to assist women in their journeys in relocating self, internally and relationally. In effect, this becomes a call to explore the reaches of our own internal and relational possibilities, and to create space for revolutionary shifts within ourselves as practitioners and researchers and within the institutions we inhabit.

Chapter 5: Conclusion

The dissertation project grew out of concerns around impacts of forced migration not readily acknowledged in policy and practice. The overarching research questions emerged from my experience with a previous study (Busch-Armendariz, Wachter, Cook Heffron, Nsonwu, Snyder, 2014) and gaps I identified in the literature. The relevant literature established associations between social support and mental health among refugee populations, and pointed to the importance of social support early on in the resettlement process (Stewart, Simich, Shizha, Makumbe & Makwarimba, 2012). However, the literature did not adequately explain why social support is important in forced migration beyond mental health, how people maintain and reestablish social support networks in the aftermath of war and displacement, or explore social support in-depth with regards to gender and other identities. The focus of U.S. resettlement policy and practice moreover limits the consideration of needs and experience beyond what is directly related to achieving economic self-sufficiency. Therefore, the goal of the dissertation was to develop a nuanced understanding of women's social support in forced migration, the dynamics that shape and impact their experiences, and the factors that enable or impede their ability to maintain or recreate social support networks. In this concluding chapter, following a brief summary, I reflect on the learning from the dissertation as a whole and consider directions for future research, beyond what is already articulated in each of the three articles.

Summary of Results

The dissertation culminated in three articles intended for publication, which were written with specific target journals in mind. Findings from the quantitative analysis (article one) indicated an association between more frequent emotional support seeking and higher mental health scores; felt stigma significantly moderated the relationship between emotional support seeking and the three mental health outcomes; and higher felt stigma was associated with poorer mental health in all three models (depression, anxiety, and PTSD). The theoretical model from the qualitative study (article two) revealed pivots in the internal lives of women as social support constricted throughout their forced migration journeys. Converging processes propelled women from *social support as a way of life* towards *learning to stand alone* post-resettlement. The exploration of postcolonial feminist and African diaspora theories (article three) facilitated a critique of fixed identity constructions of “refugee women” and offered insights related to identity and community formation. These analyses pointed to centering the subjectivities of women in research and practice as a compliment to existing feminist approaches.

Reflections

At a certain level of abstraction, this body of work provides insights into women’s social support during distinct phases of forced migration – war, displacement, and resettlement – from different vantage points. Facets of women’s experience come into focus revealing a deeper level of complexity beyond what each article separately is able to offer. While remaining cautious not to over-stretch the boundaries of inference, I

reflect here on where and how the three articles come together to point to a broader narrative and avenues for further exploration. I revisit the articles here with the aim of exploring and weaving together possible threads.

The first article provides insight into the inter-relatedness of social support, stigma, and mental health among a relatively large number of women living in eastern DRC, whose lives have been disrupted by longstanding political instability and armed conflict. The experiences these women had with war included surviving the terror of sexual violence, possibly among myriad other atrocities, losses, and hardships both before and after these particular data were collected.²⁰ The quantitative analysis revealed women in search of connection from counterparts and the complexity of that endeavor. The discussion highlighted the critical importance of fostering connections in “healing the injury done by rejection” (Sideris, 2003, p. 722). Broadly speaking, the stigma families and communities enact (have the potential of enacting) against those who are marked as “raped” serves to punish women (e.g. for failing to uphold expectations around what it means to be female, for potentially carrying HIV, etc.). The stigma women perceive and internalize – regardless of what families and communities are actually doing – in effect renders women the dual role of punisher and punished. The items on the stigma scale used in the analysis provides insights into the severity of feeling women may experience (e.g. feeling rejected by everybody, worthlessness, detached from others, and so on) that also contain ramifications for maintaining connections and thereby accessing

²⁰ It is important to recall that the dataset I used for the quantitative analysis was part of a broader intervention research initiative, in which women participated in programming and received services.

social support. Women may migrate with internalized feelings of stigma across international borders, or experience stigmatized violence and/or mental health problems at any point, which may impact how and to what extent they access new sources of support moving forward.

The second article provides insights among a much smaller number of women whose experiences with armed conflict and persecution in the DRC led them to flee their country, register as refugees in a foreign country, and ultimately resettle to the U.S. In qualitative interviews women shared retrospective reflections on social support in the DRC and during displacement, and since resettling.²¹ A consistent thread among participants in the qualitative study was a visceral fear of becoming the subject of gossip, which may relate to the feelings of stigma described by women in the quantitative study. The fear is not unfounded. When social support is understood as a life-sustaining resource (“a way of life”), to be denied access (marginalized, singled out) can have significant implications for well-being and survival. If we understand one’s identity to be constructed relationally, to feel cut off is to experience loss of self and a form of social death. To be clear, the grounded theory that emerged explains how and why this group of women found themselves alone to varying degrees post-resettlement, and stigma was not included in that theory. However, as I was completing the quantitative analysis (data collected in eastern DRC) and still conducting the qualitative interviews (here in Texas

²¹ An important caveat to note is that some of these participants revealed also having experienced sexual violence, but otherwise may have little in common with the women who participated in quantitative study beyond the experience of war in the DRC. Experiences with violence were not a predetermined area of inquiry in the qualitative study but rather an aspect of experience a small number of participants introduced into the conversation.

with women originating from the DRC), I was struck by the similarity with which women described relational risks and the feelings of stigma women reported in the quantitative analysis.

The conceptual paper focused primarily on the experience of forced migration, pre- and post-resettlement, when interaction with global refugee regimes on either side of the Atlantic is particularly intensive. The thinking in the article reflects a very different vantage point. The analysis was generated by an exploration of postcolonial feminist and African diaspora theories in relation to the topic, and draws from my insider knowledge of the humanitarian infrastructure. It also intermingled a great deal behind the scenes with the two empirical papers. In continuing with the exploration of threads across articles, the conceptual piece revealed how processes associated with identifying women for resettlement may inadvertently solidify internalizations of victimhood. If we consider the possibility that those processes also reinforce the internalization of stigma as conceptualized in the quantitative analysis, we can imagine the implications for compromising identity and community formation post-resettlement. When we consider the social and structural processes underway that propelled the women in the qualitative study towards being alone and standing on their own, we see how challenging fulfilling internal and relational possibilities – and securing belonging – can be.

As a whole, the dissertation highlights the role of social support in shaping women's well-being and sense of self. The three articles illuminate structural and societal forces underway in forced migration that rupture connections at multiple levels – with self, family, community, and place. They point to the importance of considering less

efficiency-driven and more relational approaches in service provision and research with people in the wake of devastating loss precipitated by forced migration. The dissertation thus advances understandings of women's social support in forced migration as per the original goal, and contributes to the field of social work research and practice additional pieces of a complex puzzle.

In reflection of my own journey and learning, I know that I emerge from this process changed. The doctoral program afforded me the opportunity to critically reflect on my practice background, understanding of feminism, and to further develop my sense of identity and purpose steeped in learning and research. The dissertation project challenged me to engage with quantitative analyses, even as my identity as a qualitative researcher solidified. The theoretical work resonated deeply with me, and revealed new avenues for thinking about my work moving forward. In conducting the dissertation, I reflected as well on past research efforts, the learning from which is infused throughout this body of work. The questions raised in chapter one around who should represent whose realities remain, which I continue to wrestle with as I sharpen the tools I have to work with.

Political Backdrop

As the dissertation nears completion, I find it relevant to make note of the tumultuous political context in which the project and learning took shape. Since 2011, international reactions to the conflict in Syria have propelled contemporary discourses around migration. Despite the millions of refugees seeking refuge in the Middle East,

tensions in the West erupted in 2015 following the dramatic rise in migrants, originating from Syria and elsewhere, who risked harrowing journeys to reach Europe in search of safety. In 2014 and 2015, women, men, and children fleeing gang violence and economic strife in Central America (re)fueled a heated debate in the United States on the criminalization of forced migrants, use and conditions of detention centers, denial of asylum claims, repatriation, and border security. The state of Texas was at the forefront of the debate. As the U.S. presidential campaign gained in momentum and divisiveness, migration became increasingly politicized at local, state and national levels, and the U.S. refugee resettlement program was thrust into the limelight. In 2016, Texas and three additional states pulled out of the refugee resettlement program. That same year, the Obama administration agreed to resettle an additional 10,000 Syrians and increased the U.S. refugee resettlement goals to 110,000 for fiscal year 2017.²² Consequently, the U.S. Refugee Admissions Program quickly expanded to accommodate those new goals.

Anticipating a different outcome for the 2016 presidential election, I was hopeful about the future of the U.S. resettlement program, and cautiously optimistic about broader immigration reform. It was thus in the spirit of hope, juxtaposed with increasingly divisive rhetoric, that the dissertation process got fully underway. It was in a decidedly different political reality and spirit that I embarked on moving the project towards completion. This shift proved challenging. It is one thing to write about the need for bringing nuance to a program when it is actively expanding and gaining traction, and entirely another when its future is under threat. I had to distance myself somewhat from

²² From 85,000 in 2016.

the ensuing political reality in order to prevent the project (me) from derailing.

Ultimately, it was the urgency and divisiveness of the political context that reinforced the importance of work that at its essence is focused on building connections.

Directions for Future Work

Every step forward seems to reveal new depths of learning ahead. The project revealed both questions left unanswered and led to new questions arising from the research process, which point to directions for future research moving forward.

The qualitative study generated a wealth of data that warrants further analyses. Subsequent publications will focus on answering the original research questions more directly to illuminate women's experiences as providers and recipients of social support, and the role of faith and community in shaping their experiences. I also will explore a piece that considers the role of service providers in shaping women's perceptions of social support, drawing as well from a series of interviews I conducted with professionals and stakeholders that I did not include in the current analysis. As noted in the second article, the findings also point to the need for further study of psychosocial and mental health outcomes associated with employment, and dynamics preventing women from going to work. Incorporating men in future studies to further understanding of their roles as receivers and providers of support for women, as well as their own experiences of social support in forced migration, would allow for gendered analysis of social support currently missing in the literature.

As noted in the article, the development of the grounded theory in chapter three will benefit from ongoing research with women originating from the DRC and beyond. Certain processes included in the theory, specifically those that involved social contracts, relational risks, and safeguarding privacy and secrets, were not explained in the same level of richness in comparison to others. I anticipate that this will spark questions from reviewers and readers wanting to know more, and this seems to point to an obvious area for further inquiry. At the same time, it raises questions that are both methodological and ethical in nature around the purpose and viability of inquiry into an aspect of human experience defined by desire for privacy and risk. Already, I struggle with to what degree do I reveal certain “secrets” that women shared with me, even within the context of informed consent and parameters in place to deidentify data. At the same time, concerns that their invisibility hinders access to helpful services and support persist.

Questions remain with regards to how best to share the research with the women who participated given constraints with language and literacy. I will solicit the input of the resettlement agency and interpreters who facilitated the research to explore community-based options for disseminating findings from the qualitative study.

The quantitative analysis described in chapter two was initially sparked by my observation that practitioners and academics in the U.S. context did not readily understand the psychosocial impacts of sexual violence in the DRC. My motivation for conducting the analysis and writing the article, therefore, was to invite practitioners and researchers to consider the possible dynamics related to past experiences with sexual violence that may shape women’s experiences (and social support) post-resettlement. The

parameters of the study, of course limit our ability to draw such inferences. Nevertheless, I believe that the article was successful in laying the groundwork for articulating the direction and rationale for future research. Women may migrate with internalized feelings of stigma across international borders. If granted refugee status, individual women are more likely to be recommended for resettlement based on disclosures of gender-based violence. However, resettlement regimes do not adequately anticipate and prepare for challenges women may experience post-resettlement as a result of these experiences. Therefore, further inquiry in context is called for to begin to understand how stigma plays out post-resettlement and its impact on women's social support and well-being.

Finally, the learning generated across components, informed by theory, reinforces the importance of invoking the past to understand the present, and reminds us of the dynamic nature of women's experiences and processes that continue to progress beyond the particular moments in time captured by research and writing. The role of longitudinal research with forced migrant populations over space and time thus emerges as a priority moving forward. This direction is reinforced by experiences I had conducting the qualitative study in which I was able to observe dramatic shifts in experience over a relatively short period of time.

Concluding Thoughts

Reframing research and practice from the perspective of social support provides a window into the internal and relational impacts of forced migration rarely considered in

policy and practice. There is no better time to foreground the importance of connections as families await reunification with loved ones, activists seek political momentum, and communities across the country mobilize behind various social causes. The time is ripe for looking beyond categories of migrants, and for joining forces across movements and disciplines. It is important that we do not let women and the less visible but no less important aspects of their experiences slip from sight.

Appendix 1: Original Interview Guide²³

Demographic Information

- Age / birth year
- Birthplace
- Number of years of school completed
- Number of children (in US and elsewhere)
- Marital status
- Employment status
- Language(s) spoken at home
- Departure month / year
- Country/countries of first asylum (camp / non-camp)
- Arrival month/year to U.S.
- Arrival city in U.S.
- Anchor (yes/no)

1. I'd like for you to think back for a moment about your life when you still were in [country of origin]. Think about the relationships and support that were important to you.

Possible probes:

- a. Tell me about a supportive relationship that was important to you. [no names] Describe for me this person and the history of your relationship. Why was it special? What would you do together? What did that person do for you? What did you do for them? Who else?
 - b. Tell me about the support you needed in your home country. Who supported you? How did they support you? What did they do that made your life easier? How did their support make your life easier? What did you expect from that person?
 - c. Who did you support? How did you support them?
 - d. Thinking back, what did those relationships and the support you got mean to you at the time?
 - e. And during displacement....?
2. I'd now like to ask you about your current life. Think about the most important relationships in your life at present. Please start by telling me about one of those relationships.

²³ The interview guide evolved over the course of the study through an iterative process of data collection and analysis, as per grounded theory methodology.

Possible probes:

- a. What is the history of your relationship? When and how did you meet? How did you earn each other's trust? What do you do for one another? What support needs does this person help meet? How would you describe the support they give you? How do they make your life easier or better? What can you ask of them? What do you expect of them? What can you depend on them for? Can you count on this person no matter what? For what? What allows you to count on them?
 - a. How do you help this person? How would you describe the support you give them? What support needs does this person have that you help meet? Why do you support this person? How do you think your support affects their lives? How does supporting that person(s) make you feel?
 - b. What makes this relationship possible? What helped you to form or maintain this relationship?
 - c. What were the challenges to forming or maintaining this relationship? For example, how has your husband or family reacted to you having this relationship? Do you have the time to devote to this relationship?
 - d. What would it mean to you if you didn't have this person in your life?
3. Still thinking about your life today....

Possible probes:

- a. Can you tell me about a recent time (maybe in the last 3-4 months) when you were in need of support? What happened? What did you do? Who did you turn to?
 - b. What about a recent time you needed support but couldn't get it? Perhaps a time you were desperate? What stood in the way of you getting the support you needed at the time? How did you manage those obstacles?
 - c. Can you tell me about a recent time that you felt alone or isolated? What was happening at the time? What made you feel that way? What did you do? Who did you turn to? What stood in the way of you getting the support you needed at the time? How did you manage those obstacles?
 - d. What is the support you value the most at this time in your life?
4. How has the support you need changed since you left [country of origin] and came to the U.S.? Can you describe an example of how your needs have changed?

5. Imagine having the support you needed. What would it look like? Who would be in your life? What would they be doing for you? What would you be doing for them?
6. In light of what you told me and what you feel you still need, how do you see the future?
7. Is there anything you would like to tell me that I did not ask?
8. How was this interview for you?
9. Do you have any questions for me?

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